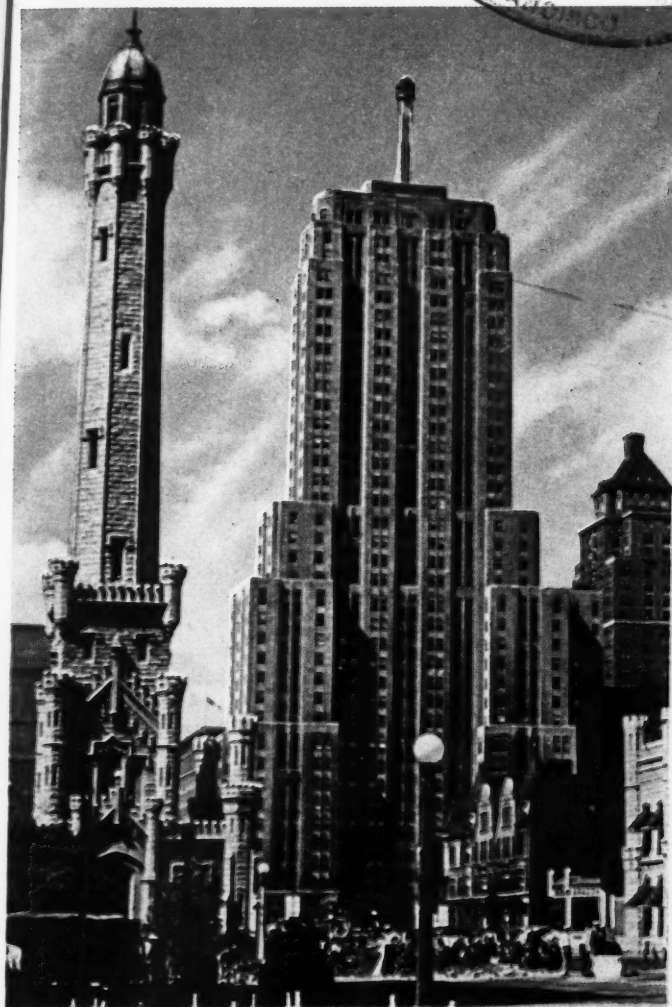


# ORAL HYGIENE



Chicago Midwinter Meeting, February 12-15

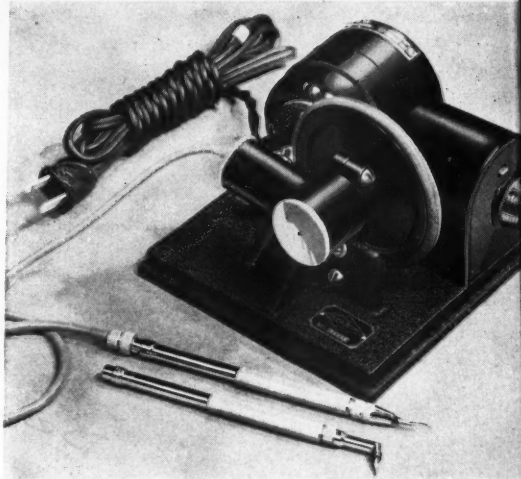
JANUARY, 1940

Published for  
The L. D. Caulk Company  
Room 248, Flood Building

Easier for the  
Patient

Faster for the  
Operator

A denser Gold  
Foil Filling  
Results



## Portable Pneumatic Condenser

*Designed by Dr. George M. Hollenback, D.D.S., F.A.C.D., Los Angeles*

A trained assistant is unnecessary for condensing gold foil with the Pneumatic Condenser. The operation is under complete control of one mind and one hand.

As hand pressure may be applied at the same time the blow is delivered, the advantages of hand mallet condensation are retained.

The small size of the condensers allows them to be turned or the line of force to be changed easily. The angle condenser permits a correct line of force to be obtained

for distal cavities and those far back in the mouth.

The Portable Condenser (illustrated above) has its own electric unit. The Pneumatic Condenser is also made for attachment to an electric engine.

A small air compressor, operated by an electric engine or motor unit, causes a pulsating movement of air which is carried to the straight and angle condensers and produces the blow.

Pneumatic Condenser  
for the electric engine  
\$35.00

Portable Pneumatic Condenser  
with electric unit  
\$52.00

*Additional information  
about the Pneumatic  
Condenser on request.*

THE *Cleveland* DENTAL  
MANUFACTURING COMPANY  
CLEVELAND, OHIO • U. S.



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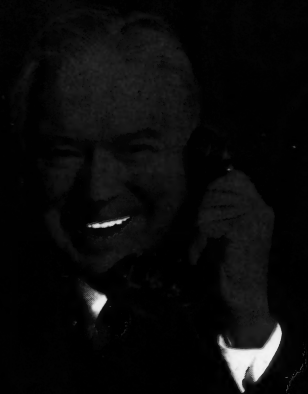
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# *Densene* .. for my patients

... the amazingly life-like color of this acrylic resin denture actually duplicates the appearance of live, healthy gum tissue. Certainly, for comfort, service and appearance Densene completely satisfies the most exacting patient.

COSMOS DENTAL PRODUCTS, INC. • 49 WEST 45TH STREET, NEW YORK

# What About The New Type Liquid Dentifrices ?

**What are their Advantages? Their Disadvantages?**

**Are they Safe? How Well do they Clean?**

**What do they Contain?**

**S**INCE the recent introduction of the new-type liquid dentifrices, the above questions, and many others, are being raised on all sides.

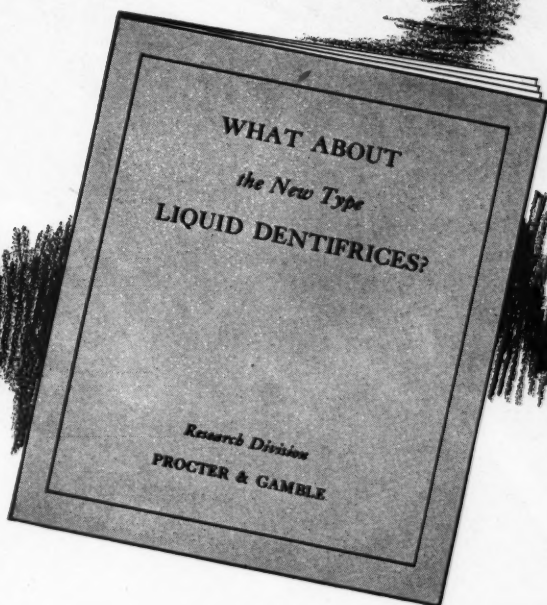
Patients are asking dentists for advice on whether or not these new tooth cleansers are safe to use. Many are curious to know how a wholly non-abrasive dentifrice can be an efficient cleanser.

Not wishing to render opinions to patients without having complete information at their disposal, thousands of dentists have written to liquid dentifrice manufacturers for the facts about these new products.

As a result of these inquiries the Department of Dental Research of a leading liquid dentifrice manufacturer has prepared a booklet containing many pertinent facts about this new development in the field of dentifrices.

This booklet is remarkable for its frankness. It sets forth not only the "pro's" but also the "con's". All statements are supported by high dental and scientific authorities. Its bibliography lists many names well known in dental circles.

A copy of this booklet will be mailed to you without obligation. Simply use coupon at right



## FREE TO DENTISTS

Are your patients asking your opinion of the new-type liquid dentifrices? Do they say: "What about them, Doctor, are they safe? Do they contain acids, bleach or other harmful ingredients? Will they clean my teeth? Do you recommend them?" If you want the facts before deciding "for" or "against", send coupon for this new booklet, "What About the New-Type Liquid Dentifrices?"

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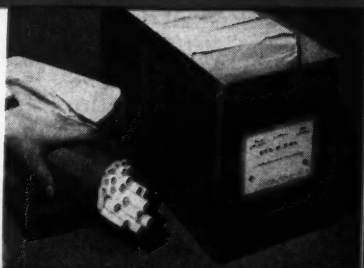


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Some dentists like cellulose rolls. For them we make Cel-U-Rol, a gauze enclosed cellulose roll, sterilized. In  $\frac{3}{8}$ " or  $\frac{1}{2}$ " diameters, 6" lengths only.





# *The Publisher's* **CORNER**



**BY MASS**

**NUMBER 223**

YOU CAN'T HELP MARVELING at British calm. From warring England comes the current issue of *The Dental Record*; the leading article is about "Investigations into Dental Conditions in the Neolithic Period and in the Bronze Age in Denmark." Random items with a war flavor total not much more than a page of space.

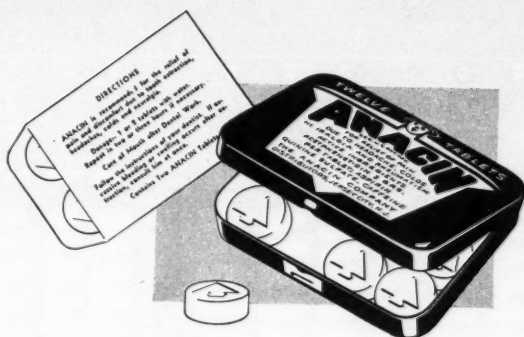
A little calm now and then might be good medicine for us Americans. Our tendency is to make big, beetle-browed problems out of a great many things that don't really matter.

Last month in Chicago, in hotel lobbies and bedrooms, I heard various phases of the dental supply business discussed by men with tense voices who seemed to believe that the very stars and planets in the firmament will come crashing down if this thing happens, or that thing doesn't happen, in our quaint little field. Last week in New York City, at the Greater New York Dental Meeting, I heard the tense voices of dentists vibrating to the same tune. There are men willing almost to die for a so-called scientific theory, or for a technique, or for a magazine. I am not—not any more.

You are looking at my favorite periodical, my favorite among all the world's journals, my dear little *ORAL HYGIENE*. But with only one life to give, and with not a great deal of that left, I do not intend to give it even to this superb little book.

There was a time, though, before I became old and mellow and calm, when bright and early each morning I presented myself as a human sacrifice upon the altar of this paper. It is

*(Continued on page 10)*



*After the extraction  
...when the anaesthetic wears off*

# ANACIN

**AIDS IN RELIEVING DENTAL PAIN**

ANACIN is also helpful in relieving pain due to headache, neuralgia and neuritis.

Free Anacin sample service to all dentists on request.

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# TRUBYTE NEW HUE MOULD CHART

From the original Trubyte moulds as carved by Dr. J. Leon Williams

*The most popular moulds ever offered*



MOULD		W L 6'S		MOULD		W L 6'S		MOULD		W L 6'S	
3B		7.	7.5 42	5M		7.	6.5 41	1X		7.5	10. 44
		8.	9. 47			7.75	10. 46			8.	10. 47
3D		7.5	9. 45	2N		7.	9.5 45	2Y		7.5	10.5 43
2D		8.	10. 48	2P		8.	10.5 48	283		8.	10.75 45
2E		7.5	10. 46	1N		8.	9. 45	284		8.	10. 47
1E		8.25	11.5 50	1R		8.25	10.5 50	285		7.25	9.25 44
1H		8.25	9.75 49	3M		7.25	9. 43	2DS		7.75	9.5 46
4H		8.25	9.75 49	3N		7.5	9.5 45	2DS		7.75	9.5 46
4H		8.25	9.75 49	3P		8.5	10.5 51	IES		7.75	10.5 46

SPECIAL MOULDS

SHORT BITE MOULDS

The teeth are set on arcs, as in the mouth, except that the cuspids are turned outward to show form. Dimensions of centrals and width of six are shown for each mould, as follows: width of central, under W; length of labial surface of central, under L; width of six

**TWENTY-FIVE** of the most beautiful, serviceable and popular denture moulds ever offered.

**WIDTHS** of centrals range from 7 mm. to 9 mm.

**LENGTHS** of labial surfaces of centrals range from 7.5 mm. to 12.25 mm.

**WIDTHS** of 6's, set up, range from 41 mm. to 55 mm.

This covers the full range of ordinary requirements.

The chart, which is here reduced to permit printing on this page, will show the moulds in exact size and arranged by size in each type—square, tapering, ovoid.

This Mould Chart, in colors, showing teeth in exact size, will be sent to every dentist on our list.

**THE DENTISTS' SUPPLY COMPANY OF NEW YORK**

one thing to go to work in the morning; it is something quite a little different to go to work all aquiver to bleed and die for the job, whether the job is magazine publishing or dentistry.

For years, I was the self-appointed human sacrifice on ORAL HYGIENE's altar. The bleeding and dying were mental, of course, but that's the worst kind. Worry, as a rule, is worse than the thing worried about, even if it happens, which it generally doesn't.

Strangely enough, it was the depression that fumigated my mind. What really happened, I guess, was that I broke my worrier. In 1932 (when we started the new DENTAL DIGEST just about fifteen minutes before almost everyone stopped advertising), worries became so numerous that it was necessary to list them lest any be overlooked. One day I realized that although I was worrying just as fast as possible, I was still way behind.

Worrying about that, I began to think that maybe the added strain would kill me. Then, it somehow occurred to me to think the thing through. Suppose worry did kill me; suppose my family or some friend arranged with the tombstone people to carve the real truth on my stone. What would the real truth be? At that point, in my mind's eye, I could see the tasty design, see the lettering itself:

MERWIN B. MASSOL  
HE DIED BECAUSE  
OF WORRY ABOUT  
DENTAL ALMANACS  
R. I. P.

Everyone—I decided— who happened by and read the inscription would laugh like hell.

And, after all, you can't have people laughing at your tombstone.





*New Clinical Studies*  
**REVEAL HIGH INCIDENCE**  
*of FETOR EX ORE . . . .*

• Clinical studies have shown that the waste-laden colon may readily be the causative factor in offensive breath. A laxative is often indicated. Rely upon . . .

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SAL HEPATICA makes a pleasant, effervescent drink which is not only gently aperient but also helps to reduce excessive acidity. Bile formation and flow are stimulated.

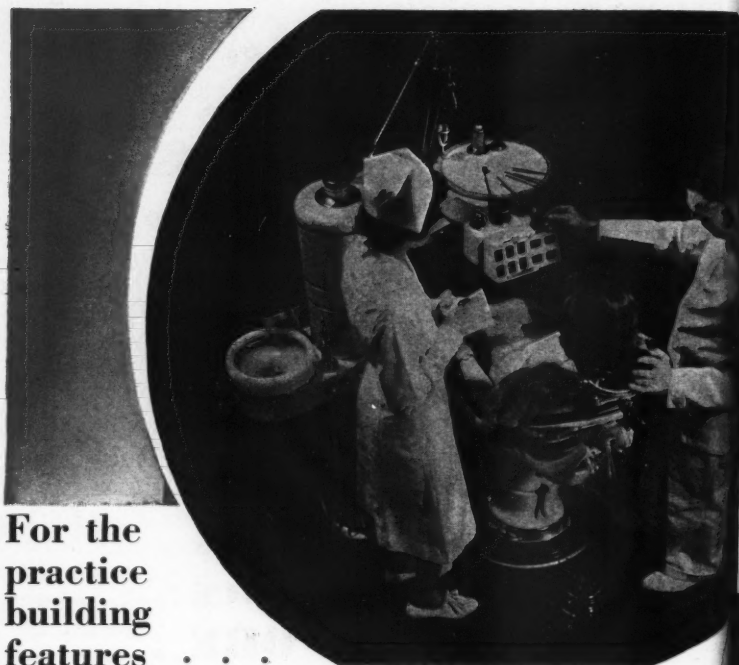
SAMPLES ARE YOURS FOR THE ASKING

*SAL HEPATICA Flushes the Intestinal Tract and Aids  
 Nature Towards Re-Establishing a Normal Alkaline Reserve.*

**BRISTOL-MYERS COMPANY**



**19-L West 50th Street • New York, N. Y.**



**For the  
practice  
building  
features . . .**

*. . . . demanded by Modern Dentists*

## **S. S. WHITE MASTER UNIT**

A "turn of the wrist" brings the X-ray illuminator within correct reading distance for the patient. Relaxed physically, every detail of the X-ray illuminated case she listens intently to an impressive interpretation of the case and the health story.

**Free office planning  
service and convenient  
payment terms.  
Ask your dealer or  
write direct.**



Notice how the swinging cuspidor arm affords room for the assistant; observe that the sprays and accessory table with its electric, gas, and air access together with controls, are within convenient reach of dentist and assistant.

These are only a few of the conveniences built into the Master. You must see it and operate it to realize how well it is adapted to your working habits.

**THE S. S. WHITE DENTAL MFG. CO., 211 S. 12th Street, Philadelphia**

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ASK YOUR



# AIDS TO BIGGER AND BETTER PRACTICE IN 1940

## TRUE DENTALLOY

*"For amalgam fillings that endure"*



- High silver content, 70%  
High silver content indicates high strength, low flow, rapid set.
- Compressive strength, 50,000 lbs. per sq. in.  
(hand packed specimen)
- Carves for 15 minutes after amalgamation
- Amalgamates with perfect smoothness  
(in one minute or less)
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- Correct expansion (average 6 microns)
- Takes and retains brilliant polish

Complies with A.D.A. Specification No. 1

## FILLING PORCELAIN IMPROVED

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*The latest step forward in zinc phosphate cements*



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17,000 lbs. per sq. in., 7 days
- Greater holding power
- Film thickness—20 microns
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- Only 4 colors, yet ample for all color matching requirements
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- Smooth mixing
- Cool setting

Complies with A.D.A. Specification No. 8  
(latest revision)

ASK YOUR SALESMAN TO TELL YOU HOW YOU CAN TRY THESE OUTSTANDING  
S. S. WHITE PLASTICS WITHOUT COST OR OBLIGATION.

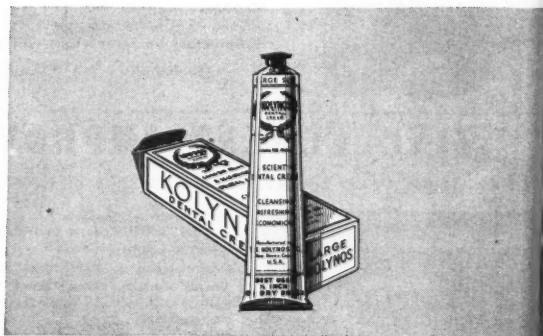
**THE S. S. WHITE DENTAL MFG. CO.**

211 South 12th Street, Philadelphia, Pa.

THE  
KOLYNOS COMPANY

TAKES PLEASURE IN ANNOUNCING  
THE ACCEPTANCE OF

*Kolynos Dental Cream*



... for inclusion in the list of Accepted Dental Remedies of the Council on Dental Therapeutics of the American Dental Association.

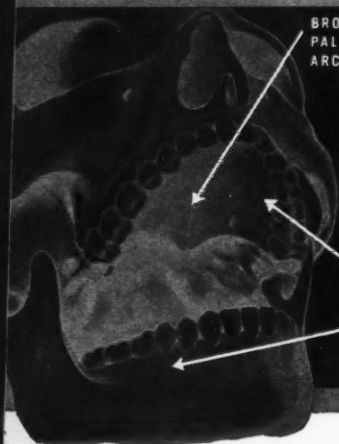


Your Council is Your Protection

Kolynos Dental Cream is a concentrated dentifrice that contains no added water. When used, one half inch on a dry brush, Kolynos produces a foamy cream in the mouth that assists the brush in cleaning and polishing the teeth without harmful abrasive action.

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NEW HAVEN • CONNECTICUT

# STEMATIC MASTICATORY EXERTIO



BROAD FLAT  
PALATAL  
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WELL-  
ROUNDED  
DENTAL ARCH

STRONGLY  
DEVELOPED  
MANDIBLE

*- essential  
for sound,  
well-proportioned  
osseous  
formation*

**D**RAL health proves difficult of attainment, without—fundamentally—a sound, well-developed bony framework.

How masticatory habits strongly influence the shape and size of the dental arches in childhood has been increasingly emphasized by modern authorities. In the light of their findings, many dentists urge the regular use of Dentyne Gum to provide the forceful chewing exertion no longer required by the average diet.

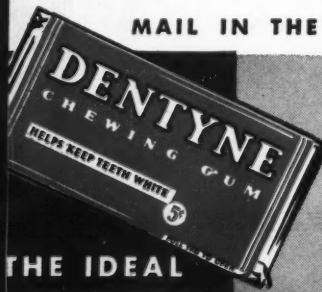
The firm consistency of this ideal masticatory helps evoke the biting force and pressure necessary for the stimulation of bony growth, while its pleasant, spicy flavor renders such profitable exercise a pleasurable habit.

To obtain free Dentyne samples for your office, simply fill out and mail the coupon below. Your patients will be grateful for a gift of spicily tempting Dentyne.

**FREE**  
samples of  
**DENTYNE GUM**

See coupon  
below

**MAIL IN THE COUPON NOW**



AMERICAN CHICLE COMPANY  
Dept. O-1, Long Island City, New York  
Gentlemen:  
Please send me free samples of Dentyne Gum.

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

THE IDEAL  
MASTICATORY

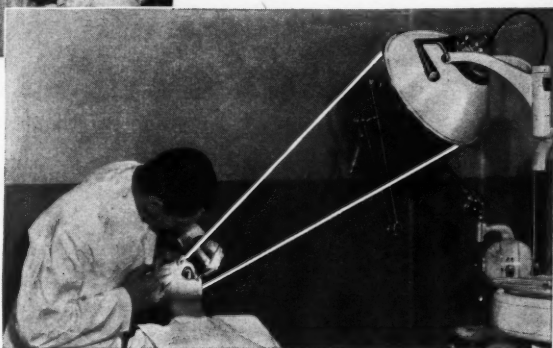
# you must have light

## PROJECTED deep INTO THE MOUTH



Castle Light for  
Surgeons

Just as the surgeon in the hospital must have shadowless, glareless light that penetrates deeply and evenly into cavities . . . so you, the dentist, doing precision work in the mouth, must have a source of illumination as reliable as the Castle Major Light under which the surgeon works.



Castle "T-V" Light  
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Castle Tru-Vision Lights, for the dental office, designed to hospital operating room standards, provide light for real vision *inside* the mouth, for *seeing* the work to be done. 56 separate, wide-angle beams of cool, color-corrected light focused directly into your patient's mouth provide even illumination for posterior or anterior work, eliminate shadows and surface glare, give you all the light you need to do your best work. Acceptance by thousands of dentists *prove* that Castle Lights are right.

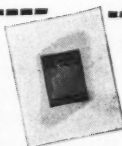
WILMOT CASTLE CO., 1122 UNIVERSITY AVE., ROCHESTER, N. Y.

# CASTLE "Tru-Vision" LIGHT



## His Smile's "OK" Now—but, what about the Future?

In 1939 approximately 200,000 babies were born in the U. S. A.—all of them prospective dental patients. All of them dependent on the skill of you and your colleagues for the preservation of their oral health. ¶ With a CDX as your "third eye," you can check the progress of the baby teeth as they come in. You can see behind them, in the maxillae, the beginnings of the permanent teeth. If these are not going to come into their proper places, straight and strong as they should, you can apply corrective measures. ¶ As a progressive modern dentist you owe it to your future patients—and certainly to your present ones—to be equipped with your own CDX. As a value-wise business man, you'll want to protect your x-ray investment. And to do that, take this easy step: Fill in and mail the convenient coupon, today.



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**GENERAL ELECTRIC  
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Please send me my copy of the new CDX catalog which describes and illustrates the Wall, Floor, and Mobile Type CDX X-Ray Units. I'm also interested in having facts and figures about your convenient purchase plan.

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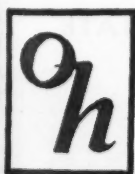


JANUARY  
1940

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## ONE FOR EACH

**"Everything possible should be done to render medicines pleasant in appearance, odor and taste."**

*Fantus, B.: "Technic of Medication," published by American Medical Association, 3rd Edition, p. 250.*

Unlike patients of fifty years ago who thought "the worse it tastes, the better it is," patients of today rebel against unpalatability, disagreeable odor, regurgitation.

Outstanding in this modern trend toward palatability plus clinical potency is White's Cod Liver Oil Concentrate.

Apprehensive children in particular willingly adhere to your routine when you prescribe the vitamins of cod liver oil (freed from the oily, distasteful bulk), in pleasant tasting tablets or tasteless capsules.

Of course the winter season of lowered resistance naturally calls for an increased intake of these vitamins and this need is accentuated in the case of the growing child during the periods of higher susceptibility to caries: the 6th through 8th years, and 12th through 14th years.\* White's products are ethically promoted—not advertised to the public. You can recommend them with confidence. White Laboratories, Inc., Newark, N. J.



\*Kugelmass, I. N. and Miller, S. C. : Scientific Exhibit, A.M.A. Conv., June 7-11, 1937.

### WHITE'S COD LIVER OIL CONCENTRATE



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TO  
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SIGNED

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Crystolex is a trademark, registered U. S. Patent Office, for the acrylic denture material manufactured by the Rohm & Haas Co., Philadelphia, under U. S. Patents No. 1780483, 3295 and 2120006.

**WITH** this Certificate, Dental Retailers and ethical Laboratories everywhere are fast putting an end to substitution in the field of Acrylic Dentures.

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So your patient is assured the genuine Crystolex Denture you ordered.

We thank you Dentists of America for your prompt, commendatory answers to our letters to the entire Profession, announcing this safeguard.

Look for the Crystolex Certificate with every Crystolex Denture you order. Laboratories supplying them are worthy of your full confidence.

**KERR DENTAL MFG. CO.**  
MICHIGAN

**KERR**

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## FORHAN'S ADVERTISING FOR 1940 CONTINUES TO STRESS—

# SEE YOUR DENTIST EVERY 3 MONTHS!

Every 3 months isn't too often to see your dentist. In this way he can catch small cavities and painlessly fill them — he can closely inspect your gums for any sign of gum disorders—

## CLINICAL INVESTIGATION SHOWS HOW 95% CASES OF GINGIVITIS SHOWED IMPROVEMENT IN ONE MONTH

In a clinical investigation conducted under the supervision of 3 practicing Dentists—1048 individual patients were examined. It was disclosed that 795 patients had Gingivitis. 91 had Pyorrhea. And 162 had normal gum conditions. Patients were given dental prophylaxis and were instructed to massage their gums for a one-month test period with Forhan's Toothpaste and Forhan's Gum Massager.

The gums were then re-examined with the following results:

- 95% cases of Gingivitis showed improvement.
- 99% cases of Pyorrhea showed improvement.
- 100% having normal gum conditions maintained gums in healthy condition.

These results more than justify Forhan's professional recommendation for the past 20 years.

*Clinical samples sent upon request to Forhan's, New Brunswick, N. J.*

**FREE** To your patients: a 50¢ Forhan Gum Massager will be sent any patient free if they send us a carton of large size Forhan's Toothpaste



## DENTISTS GROW OLD TOO

by HARRIET WILLIAMS

THE PROSPECTS OF old age are receiving increased attention. It has been the tendency, a natural one from the point of view of survival for the race, to give attention to the young, and to consider the problems of the old only when they become matters of state support. Since dentists are human beings, the general problem is also a specific one—and what is being done for the aged, and more important, what the aged are doing for themselves, should be of interest to dentists as a group within the larger social group of the nation. Consequently, what dentists can do for their old age offers a challenge of possible benefit, not only to dentists, but to human beings in general.

For the average person the most productive years of his life are over at 65. Knowledge of the fate of a man after 65 is necessary in considering any of the social enterprises that concern old age, such as life insurance, old-age pensions, and illness and accident benefits. From the financial point of view, the average citizen has heard the warnings of insurance salesmen, lecturers, and social workers that 85 out of 100 men are dependent after 65. This statement is probably exaggerated by a misinterpretation of facts and a lack of definition of dependency. From the point of view of social science, dependency would relate only to support coming from the public or other

sources outside the family. But in most of the reports dependency is not confined to this definition.

An analysis of available statistical, social, and economic data was made by the U. S. Bureau of Labor Statistics in 1937 and published June, 1938, in the *Monthly Labor Review*, showing that of nearly 8,000,000 people over 65 in the United States at that time, 64.9 per cent were wholly or partly dependent. Of that number 20.3 per cent were supported wholly or partly by public or private agencies and 44.6 per cent were dependent wholly or almost wholly on friends and relatives.

The report of the Public Affairs Committee for 1939 under the title of *SECURITY OR THE DOLE*<sup>1</sup> states that one out of every five persons over 65 is receiving old-age assistance, and three out of four are unable to support themselves. However, assistance is increasing; the state of Michigan serves as an example, for the number receiving old-age assistance was 30,000 in July, 1936, and 70,000 in June, 1938.

Federal census reports on occupations show that the number of men gainfully employed after 65 has been decreasing steadily. In 1890, 73.8 per cent of men 65 and over were gainfully employed; in 1900, the proportion was 68.4 per cent; and in the census of 1920, the proportion had dropped to 61.3 per cent.<sup>2</sup> The Bureau of

Statistics' report mentioned shows that only 12.8 per cent of non-dependent men in 1937 were so because of their current earnings. The latter percentage, however, may only indicate that those who were gainfully employed beyond the 12.8 per cent were not able to support themselves on their earnings.

Though employment is decreasing, average expectancy of life is increasing. Though long life will always be dependent upon the element of luck, so far as each person is concerned, hygienic and scientific methods are increasing the average span of life.

Doctor Hornell Hart of Bryn Mawr in a report of the Smithsonian Institution for 1928 is quoted as saying that by 2000 A.D. a man may expect to live to be 100.

The Metropolitan Life Insurance Company gave periodic medical examinations to 6000 people over a period of six years. The results, which were checked carefully, showed this: the examinations were given at a total cost of \$60,000 to the Metropolitan Life Insurance Company but, through premiums of people whose lives had been extended by the examinations, the Metropolitan gained \$120,000—a return of 100 per cent on their investment!

A lowered birth rate also increases the proportion of the aged population; sociologists point out the dangers of over-population, and dictators in general seem to be aware of the decadence of a population in which aged and

<sup>1</sup>Stewart, M. S.: *Security or the Dole?* Public Affairs Committee, New York City, 1939.

<sup>2</sup>Extent of Old Age Dependency, Study by the National Civic Federation, New York City, 1928.

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Preparation-1to25 Rise & decline of income-25to65 Retirement-65to~  
CHART I

conservative persons are in too large a proportion.

The population of the United States in 1920 was approximately 106,000,000 of which 4,970,000 were over 65. The number of persons over 65 in the United States today is estimated at 8,200,000, and statisticians predict that by 1970 there will be 16,000,000 persons over 65<sup>1</sup>. The increase so far has changed the proportion of old people in the population over a period of ten years from approximately 4.7 per cent in 1920 to 5.4 per cent in 1930.<sup>2</sup>

In determining the dependency of the aged, studies of the property holdings, as well as the incomes of men over 65 are of value. Although I have found no separate studies of dentists, the report of the National Civic Federa-

tion in 1928 has some interesting figures. It was found that the influence of education was a factor in wealth, for 50 per cent of those who had not begun to work before 21 were worth \$10,000 or more. Other figures state that in a study of 268 professional men over 65 made in eleven cities in New York, New Jersey, Pennsylvania and Connecticut, 62.5 per cent had property worth over \$10,000, while 14.8 per cent had no property whatsoever. In comparison, the report shows that of 5,985 men in miscellaneous occupations, 26.6 per cent owned property of \$10,000 value or more, and 26.1 per cent had no property.

It was also found that among 268 professional men over 65, 57.9 per cent had an income of over \$1,000 from their work, and 10.0 per cent had less than \$1,000, while 32.1 per cent had no income. Of the 5,985 men in other occupa-

<sup>1</sup>Abstract of the Fifteenth Census of the United States, page 182. U. S. Government Printing Office, Washington, D. C., 1930.



tions, only 38.5 per cent had more than \$1,000 and 61.5 per cent had none or less than \$1,000.<sup>2</sup>

So it would seem that dentists over 65 probably fare better than the average.

Nevertheless, the statistics are not encouraging enough to grant prospects of security to dentists. Growing awareness of the insecurity of old age is evident in the attempts toward new legislation. The Townsend plan of \$200 a month to all over 60 apparently cannot stand financial practicalities; the "Ham-and-Eggs" plan, or \$30 every Thursday, was defeated last November by a 2-1 vote of Californians; and the Bigelow plan of a \$50 a month old-age pension was defeated 3-1 in Ohio; but whether voters approve or disapprove, whether the plan is practicable or visionary, the fact that such pensions are before the public eye shows there is a need for some solution of the financial problem of old age.

Old-age benefits of the Social Security Act are of no aid to dentists as yet, and probably will not be; however, state pensions may be received, although there is no guaranty in the law for such provision. In 1931 there were fourteen states issuing old-age pensions; by 1934, twenty-eight states had enacted laws, but the average age requirement was 70 years, and residence requirements were strict, varying from 10-35 years. The Social Security Act remedied these difficulties and encouraged state pensions by providing that the federal gov-

ernment will share the pension costs with the state up to a maximum of \$15, which was increased by the 1939 Congress, under pressure of the Townsend movement, to \$20 a month. But for a state to receive federal assistance, it must have a maximum age requirement of 65, and instead of the previous difficult residence requirements, an applicant must be aided who has lived in the state for any five years out of the nine preceding his application. By October, 1938, all forty-eight states were covered by pension plans and it was estimated that 1,720,000 persons of 65 or over were receiving aid under these plans.<sup>3</sup>

Criticism of the Social Security Act and government pensions for old age is made from two points of view. The first is represented by those who do not believe that the government should assume responsibility for the unfortunate; with the New York Commission on Old Age Security, they would agree that old age dependency should be decreased by building up the individual aim in life, mentally, physically, and economically.<sup>1</sup> If the survival of the fittest is still a law of nature, no government need feel itself responsible for those who cannot, and consequently should not survive the law of nature. This should be especially true in a democratic country where equality of opportunity is the goal. The second point of view is that \$30-\$50 a month is not sufficient for the support of an aging couple, nor even for a single per-



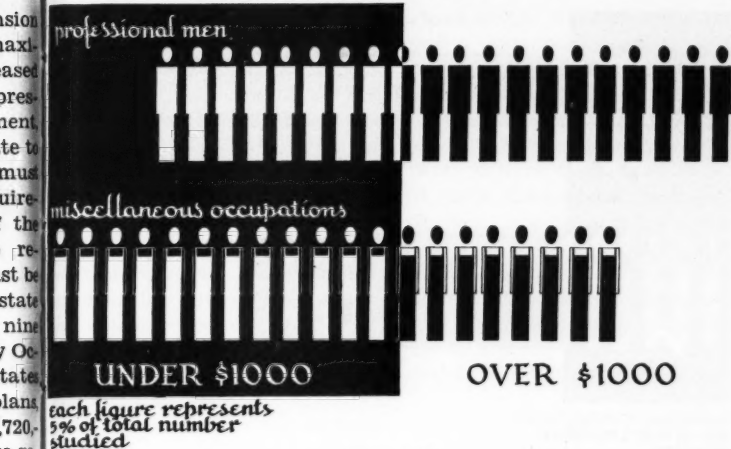


CHART II

# EARNINGS OF MEN OVER 65

son. Thus old-age pensions have not been the solution for dependency as the dependent probably becomes only a semi-dependent.

What can those who are over 65 do about their problem? With pensions unsatisfactory, what are some of the other solutions to which they can turn?

Since the two greatest causes of dependency in old age are shown to be sickness and accident, insurance covering these emergencies and free care in hospitals for those over 65 might decrease the number of dependent persons.

While youth has had the advantages of psychology studies and educational benefits, old age has been left to muddle its way through. An exception is the work of Abraham Epstein, who has

risen to the defense of the aged in industry. Miss Lillian Martin at the Old Age Center in San Francisco has helped old people to find new lives. It is possible for old people to aid themselves if given guidance and opportunity. Reverie is a mental habit that the old easily adopt, and in many cases may account for slowness of movement.<sup>4</sup> By "sweeping the cobwebs," Miss Martin is finding much to increase the happiness of the old. For those aged who are fortunate enough to have an independent income, happiness may lie in an active interest in human affairs and in the adopting of hobbies. Through the influence of Miss Martin's guidance

<sup>4</sup>Martin, L. J. and de Gruchy, Clare: *Sweeping the Cobwebs*, page 111, New York. MacMillan Co., 1930.

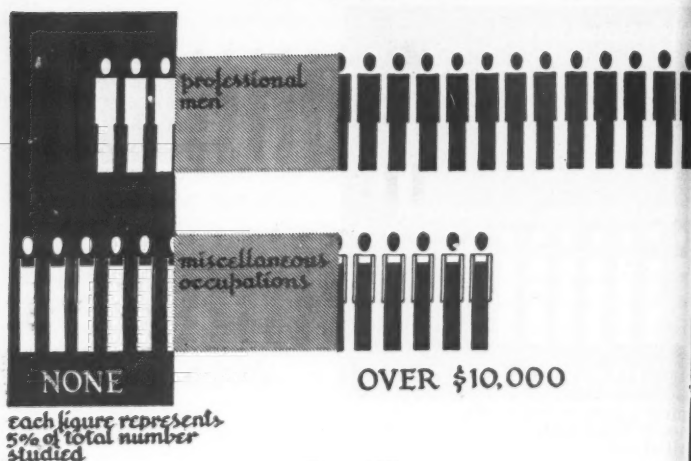


CHART III

## VALUE OF PROPERTY OF MEN OVER 65

bureau, a group of the aged took up painting; and an exhibit of their work was met with enthusiasm. The significance of the work was in the fact that it was done by persons who had never had any artistic training before they were seventy.

The ability of the family to provide for its own aging members is being decreased by the flow of population to large cities. The rise of land values and the consequent reduction of living quarters make the presence of the aged in a household difficult for the rest of the family. C. B. Cosgrove, superintendent of the Home for Dependents in New York City, believes that a small proportion, probably not more than 10 per cent of the aged, can be cared for properly outside of a

public or philanthropic home.<sup>5</sup>

The old have always resisted an institution. Segregation from the young, and, in general, a life that is away from the normal have made the old people's home something to be avoided, if possible.

But the real need of old people is a sympathetic environment, interest in life, an opportunity to be useful, and proper care when they are sick. The Tompkins Square Apartments, the Penney Community in Florida, retirement homes being established under the direction of Harper Moulton, indicate trends that bear investigation. They furnish the opportunity for old people to help themselves.

<sup>5</sup>The Care of The Aged. Proceedings of the Deutsch Foundation Conference, page 32. The University of Chicago Press, 1930.

The results of the study made by the Bureau of Labor Statistics in 1929 show that the capacity of the state and philanthropic homes in the United States was sufficient at that time to care for only about one per cent of the total aged population. The homes for the most part are located in urban areas, and all have long waiting lists with the exception of those that have strict or peculiar entrance requirements, such as the home for retired Presbyterian ministers who do not use tobacco in any form.

gienic living, economic security, and a vocational interest. The finances of the home should be so arranged that a dentist could prepare for his retirement during his productive years. For those dentists, who in their years after 65, find themselves dependent through exigencies of fortune, such a home would provide a dignified reward for their services, while those who were still financially dependent might like to retire to a home where they could find a community of interests.

An endowed home for dentists would offer the opportunity of hy-

708 Church Street  
Evanston, Illinois

EDITOR'S NOTE: This is the first of a series of three articles to be published in ORAL HYGIENE on the problems of old age and retirement homes. Because changing social and economic currents make the problem of the dentist after 65 increasingly serious, we are presenting this material for the information of the dental profession as a basis for further thought and study. Comments on these articles and constructive suggestions from readers in all sections of the country will be appreciated.

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### CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.

# HOW ARE COLLECTIONS?

by JOHN H. NESSON, D.M.D.

FROM MY STUDY of the problem of collecting old and overdue accounts from patients, attracting new patients, and retaining old patients; subjects which I have discussed in previous issues of ORAL HYGIENE<sup>1</sup>, it followed naturally that I became interested in the problem of budgeting dental bills for patients without excessive cost to the patient or to myself. In recent years many changes have taken place in the sphere of finance companies, and their collection rates have continued to rise.

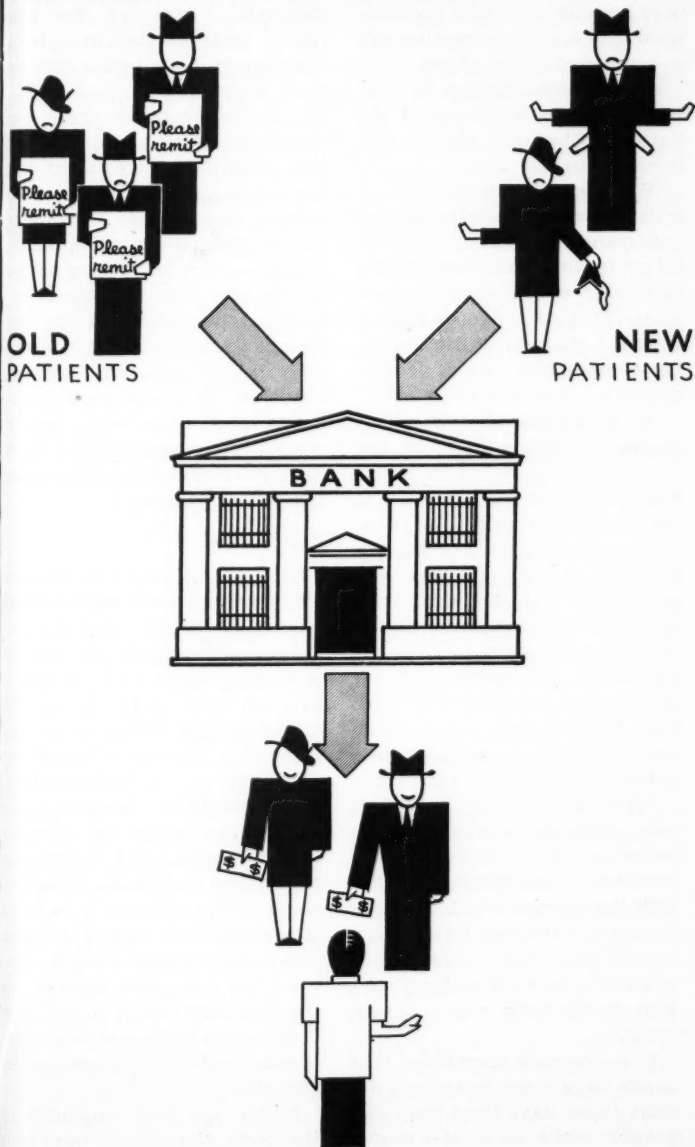
Investigation showed that a plan existed for budgeting dental bills, which had been operating for a long time before any finance company began to do business in my city. Two of the largest banks in Boston had been conducting a Small Loan Department for many years, but the representatives of the several private finance companies informed me that the banks were not interested in discounting notes for dental or medical purposes. I found that I had been misled. These banks *were* interested in discounting notes for dentists' and physicians' ac-

counts at from one-half to one-third the cost that finance companies were charging.

I turned to one of these banks and began to discount notes for several patients. I arranged for a conference with the head of the Small Loan Department of my bank and discussed the dental and medical finance problems from every angle: the professional man's angle, the patient's angle, and the banker's angle. Several interesting facts came to light. At this conference I suggested that the bank could conduct as part of its regular advertising program, a "pay-your-doctor-and-dentist-week," a plan advocated by the Bank of California, which I had read about in ORAL HYGIENE<sup>2</sup>. About six months later the National Shawmut Bank of Boston carried out such an advertising campaign in the daily newspapers and over the radio. While it is not possible to obtain accurate statistics on the results, it was effective in bringing about the payment of many overdue dental and medical bills. If the campaign had been carried out in April, instead of the month of August, I believe the results would

<sup>1</sup>Nesson, J. H.: How to Get Paid for Dentistry, ORAL HYGIENE 26:768 (June) 1936. Presenting a Budget Plan to Patients, ORAL HYGIENE 26A:1312 (October) 1936.

<sup>2</sup>Bank Advocates Paying "Doctor" Bills, ORAL HYGIENE 28:1560 (December) 1938.



have been better. I have been advised that another campaign will be conducted in the spring.

Here is a letter written by Walter S. Bucklin, President of the National Shawmut Bank, with reference to this plan:

"We are very much pleased with the way in which the general public and the medical and dental professions have received the 'pay-your-doctor-week' campaign. This campaign originated with the Bank of California<sup>2</sup> in Los Angeles, who gave us permission to use it in New England.

"In promoting an advertising program of this nature, we had two distinct purposes in mind: first, to call to the attention of the public the sometimes neglected item of accumulated doctor bills, and at the same time, suggest the use of the Shawmut Time Loan Plan as a means for paying these bills; secondly, to advise the physicians and dentists of our sincere desire to cooperate with them by sponsoring a plan which they might recommend to their patients whenever the need arose.

"The number of individual loan applications which we received as a direct response to our advertising campaign, together with the interest which the physicians and dentists have shown in this plan, has encouraged us to think in terms of making 'pay-your-doctor-week' an annual event."

It is common knowledge that banks have more money on deposit these days than they can possibly make use of at a profit-

able rate of discount. For this reason most banks throughout the country have been reducing their interest rates on deposits. On the other hand, there are countless persons in this country who need dental treatment but are doing without this essential service, because they are unable to pay cash. Given an opportunity to pay the bill over a period of one year, many of these patients would readily grasp the chance to do so. This would enable them to have vital services rendered; it would keep thousands of dentists busy; and it would place a substantial sum of money in circulation which is now lying idle in the banks.

### Rates Vary

The rates charged by finance companies for loans vary from 10 per cent to 50 per cent. In discounting dental bills, the patient is usually called upon to pay 5 to 8 per cent; while the dentist makes up the difference in the form of a "Service Charge" on each note and an additional interest charge for discounting the note. Some companies advance the full amount of the note less the interest and discount charges while others advance from 50 to 80 per cent of the face of the note. The balance is paid when the patient has completed payment of the final installment on the note. It is easy to figure out how much it costs to discount a note under this plan.

Under the plan employed by the bank, the patient pays only

5 per cent interest on each \$100 for a period of twelve months. For example, if a note is discounted for \$100, the borrower repays \$105 in twelve monthly installments. Should the borrower repay the note before maturity, a proportionate amount of the interest is returned. Under the plan in force at the National Shawmut Bank, the borrower's life is insured under a blanket policy, so that in the event of death of the maker the note is cancelled. Under this plan the patient or borrower pays only \$5.00 for each \$100 borrowed, while the dentist has no service charge to pay, no interest charges to deduct from the face of the note, nor any other charges, but receives the full \$100. Simple, isn't it?

#### Requirements for Loan

Under proper conditions, neither co-maker nor collateral are required. In the case of married persons, the signature of the husband or wife is required except when collateral is pledged. Collateral, such as life insurance policies, stocks, bonds, or any other security may be pledged for the loan if the borrower is unable to obtain a loan on his credit rating. In the absence of security, the average borrower is required to obtain one or two co-makers on the note. The physician or dentist may be a co-maker if he objects to be. Inasmuch as approximately 35 per cent of the dentists in the country are on a C.O.D. basis with their labora-

tories and dental supply dealers, it follows that the dentist's personal credit must be good to be acceptable as a co-maker on any note. In the event that a dentist has an A-1 credit rating he may arrange with the bank to accept his signature as co-maker in order that the patient may receive a loan.

#### Eligibility for Loan

Any man or woman, married or single, whose credit standing is good and who has a regular income, is eligible for a loan under this plan. The borrower need not be a depositor in the bank. As I stated in my previous articles, this plan is not intended for persons who have no regular source of income, or for persons whose bill-paying habits are unsatisfactory, or for persons who cannot furnish satisfactory references. Each application is carefully checked as to bill-paying habits, employment, and other obligations such as outstanding notes and debts. The banks are stricter in passing on applications for loans than some of the finance companies who are willing to take greater risks for a higher return.

#### Collecting Accounts

As I stated in my previous articles, "Experience has taught us that unless a bill can be collected within about ninety days, it becomes more difficult to collect it as time elapses." It is unwise to sue in these days because in most cases it is sending good money after bad. I repeat, "This is the



THE SHAWMUT BANK IS THE PLACE TO GET YOUR LOAN



LET'S MAKE THIS

"PAY-YOUR-DOCTOR-WEEK"

**R.** You can borrow up to \$1000 at any of our seventeen Shawmut offices, by meeting a few simple requirements. You need not bank here to borrow. Consolidate your debts; pay them with a "SHAWMUT TIME LOAN." You have a full year to make repayment. Generally the last to be paid, doctors and dentists deserve special consideration. Do them — and yourself — a favor. Pay off your debts NOW, through the "TIME LOAN PLAN" of the Shawmut Bank.



THE NATIONAL  
**Shawmut Bank**

40 WATER STREET • BOSTON

Member Federal Deposit Insurance Corporation

DOCTORS AND DENTISTS: TELL YOUR PATIENTS ABOUT OUR "TIME LOAN PLAN"

*debtor's day in court.* Even after long-drawn-out legal procedures and court litigation, if and when the bill is finally collected and the costs paid, the plaintiff has little to show for it, as 50 per cent or more of the bill is absorbed by legal expenses.

There are many patients who owe their physician or dentist overdue bills from \$50 up to several hundred dollars. They are unable to pay in a lump sum, they are embarrassed to offer small regular payments on a large bill, and are waiting for their ships to

come sailing before paying the bill in one lump sum. The ships are mighty slow in coming in these days. Here is an opportunity for the dentist or physician who has accounts of long standing on his books to go to his patients and have a confidential talk, something like this: "Mr. D., you have owed me a bill for a long time, which you are unable to pay in a lump sum. You appreciate the services rendered and honestly and sincerely wish to discharge this obligation if it can be done without any hardship to yourself.

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You would probably feel embarrassed to offer me small weekly or monthly payments out of your income on such a substantial bill. Here is an opportunity to discharge your long standing debt without any hardship to yourself and it will help me considerably."

Explain the simple details of the plan and if your patient is honest, as most of them are, and is desirous of discharging his debt to you, as most of them are, advise him to go to the bank and make application for a loan. You will be surprised at the returns that a little effort in this direction will accomplish. It is much better than continuously to write "Please remit" letters or send threats from lawyers. I speak not only from a wide personal experience along these lines but from the experience of numerous dentists, physicians, and surgeons to whom I recommended this plan. One physician, who had several hundred dollars on his books for as long as a year or two, was able to liquidate about \$1500 or 90 per cent of these uncollected accounts and retained his patients' good will in the bargain.

### Start the Plan Now

I have, in the past, received many inquiries in letters from ORAL HYGIENE readers as to how to start a finance company to operate this plan. While I am not a banker and cannot advise anyone how to operate a finance company, I can advise any group of dentists or physicians or their dental and medical societies to discuss this

plan with their local bankers. In many cities and towns throughout the country, live, wide-awake professional men have obtained the cooperation of their local bankers in establishing such a plan. The difficulty with many dental societies is that their officers are more interested in society politics than in trying to help many of their members get out of the red. If my observation of large numbers of dentists is at all significant, it is obvious that there are countless dentists in our country who are unable to meet expenses. What have our dental societies done to help these men solve their economic problems in a practicable way?

To summarize, the budget plan of financing dental bills through a local bank has the following advantages:

1. Low interest cost to patient. No cost to dentist or physician.
2. Anyone with good bill-paying habits is eligible for a loan.
3. The applicant need not be a depositor in the bank.
4. The dentist or physician does not have to be co-maker or endorser of the note.
5. The plan may be employed for the discharge of old bills as well as for contracting for new services.
6. A person may borrow from \$100 to \$1000 on this plan.
7. Use of this plan establishes credit with the bank and permits future loans to be made quickly and conveniently.

120 Boylston Street  
Boston, Massachusetts

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# SHOW THIS TO YOUR BANKER

LAST FALL, California Bank of Los Angeles sponsored a "pay-your-doctor-week," confident that it would win the good will of dentists, physicians, and other professional men and hoping that it would develop some personal loan business. It did both, according to Rod MacLean, advertising manager of the Bank, who discusses the plan in the November issue of *Banking*, the official journal of the American Bankers Association<sup>1</sup>. Judging by the number and amount of loans directly traceable to the promotion campaign and the expression of good will received from professional men, the plan<sup>2</sup> was such a success that the Bank will sponsor it again this year. With the thought that this plan lends itself to national use and that other banks might wish to try it also, Mr. MacLean outlines the plan of procedure followed by California Bank:

1. An advertisement telling the story and featuring "pay-your-doctor-week" in the headline is run during the early part of the week in local newspapers.

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2. A reprint of the advertisement with an explanatory letter, on the reverse side, is mailed the Monday preceding "pay-your-doctor-week" to all dentists, physicians, and other professional men in the territory served by the bank, together with a copy of the bank's personal loan folder giving particulars of its loan plan.

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3. A reprint of the advertisement, with the explanatory letter on the back, is used as a stuffer by the bank; copies are handed to savings department customers and a supply is placed in racks and on tables used for the purpose in the bank lobby. Experience shows that the professional men also like to have a supply of these stuffers for enclosure in their month-end statements to patients. They should

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<sup>1</sup>MacLean, Rod: Loans to Pay the Doctor, *Banking* 32:25 (November) 1939.

<sup>2</sup>Bank Advocates Paying "Doctor" Bills, *ORAL HYGIENE* 28:1560 (December) 1938.

accordingly be offered in the explanatory letter and a sufficient extra supply printed to take care of this distribution.

4. Letters should be written to all medical and dental associations in the bank's territory explaining the plan and enclosing copies of the reprint which is being used.

5. A story for release to magazines and newspapers should be prepared and sent to magazines circulating among professional men, and to any newspapers which are in the habit of giving space to stories released by the bank.

6. A letter should go to all branch managers (if the bank is a branch organization), officers and department heads, outlining the plan and enclosing copies of the material to be used, so that the personnel will be fully cognizant of the bank's activities.

7. If the bank has for distribution a pamphlet outlining its personal loan plan, copies of this should also be made available to professional men for enclosure with their month-end statements going to patients.

8. Added impetus can be given the campaign by making "blow-ups" of the newspaper advertisements for display use in the windows and lobbies of the bank and by the use of such additional advertising media as are regularly employed.

9. "Pay-your-doctor-week" will probably operate best if it is used by only one bank in a locality. Possibly the first bank registering a desire to sponsor the plan should be given the sole right to use it.

# *Dentist Heads*

## *San Francisco Stock Exchange*

by HORACE N. HENDERSON, D.D.S.

DOCTOR WILLIAM R. BACON, president of the San Francisco Stock Exchange, has during his lifetime had the unusual experience of having two completely different careers: dentistry and finance. For a quarter of a century, from 1899 to 1924, Doctor Bacon practiced dentistry in San Francisco and, with such success, that in 1916 he was elected president of the San Francisco District Dental Society, and in 1918 president of the California State Dental Society. During the past seventeen years Doctor Bacon has been a leading member of the financial community in San Francisco. This career in turn culminated two years ago with his election to the presidency of the San Francisco Stock Exchange, the principal securities exchange of the West.

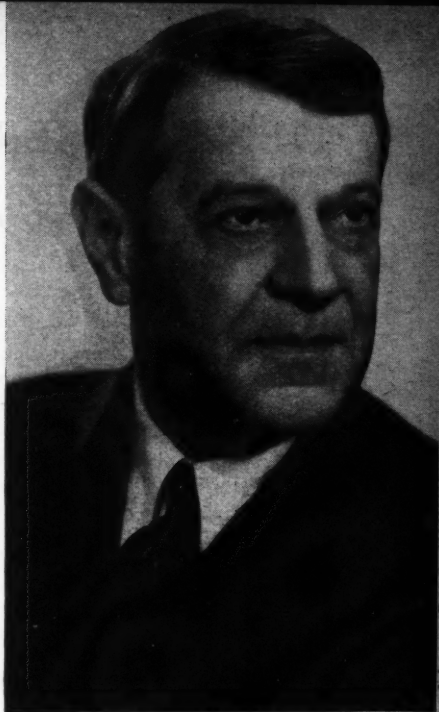
The extraordinary change of professions midway in Doctor Bacon's life came about through no particular incident or specific cause, but almost casually. It is true that Doctor Bacon had always had an interest in finance; his father, an Englishman by birth, came to San Francisco in 1876 and almost at once gained an important place in the city's early-day financial world. Doctor

Bacon as a boy took a great interest in his father's affairs, and once when his father was awaiting an operation on his eyes for cataract stayed out of high school for several months in order to guide his father around during the business day. He was his father's constant companion during this time and could hardly have had an earlier, or more thorough, introduction into the intricacies of finance.

Despite the background of finance in his family, however, Doctor Bacon was trained for the dental profession with no thought of any other career, and accordingly received his degree from the University of California in 1899. During the intervening years he did not lose his interest in finance; in the course of occasional conversations with members of the San Francisco Mining Exchange, of which his father had been a member, he offered suggestions of a technical nature which so impressed the members that they urged him to give some of his time to brokerage activity. Finally accepting their suggestion, Doctor Bacon in 1922 began dividing the day between his dental office, where he had three assistants who could carry on in his

absence, and the financial district. This led to the formation in 1924 of a brokerage partnership. In that year Doctor Bacon gave up his dental practice and entered the brokerage business in earnest. He has given all his time to that business ever since.

Doctor Bacon still subscribes to dental journals and in other ways retains his interest in his former profession, but the demands on his time both as head of the firm of Bacon and Company and as president of the San Francisco Exchange have been so great that there has been little time left for other matters. His activities during two terms as president of the Exchange have ranged all the way from directing the difficult undertaking of merging the former San Francisco Curb Exchange with the Stock Exchange, to taking part, with officers of other exchanges and government officials, in conferences on securities problems in New York and Washington. All his recent activities have seemed so far removed from his first career that friends of Doctor Bacon have often asked him how he has managed to be at home in two sharply contrasted professions. Doctor Bacon, on the other hand, feels that the professions



Photograph courtesy of Romaine, San Francisco.

*William R. Bacon, D.D.S., president  
of the San Francisco Stock Exchange.*

of dentist and commission broker are not after all so dissimilar. In both a clientele is served, and in both success depends upon the proper analysis of the individual needs and problems of the members of that clientele.

*Bank of America Building  
Berkeley, California*

# DENTAL SERVICE

## *Follows the Pipe Lines*

by MARCELLA HURLEY

ACROSS THE SYRIAN desert, which for many years has been the shortest highway between the East and the West, a struggle is going on today between the old and the new. Where merchants, Mohammedan pilgrims, and nomadic tribes have been accustomed to trace their way patiently through the sands, modern mechanized civilization is beginning to speed up modes of travel. The scientist has invaded these undeveloped lands determined to change the casual way of life of the desert, including the dental service. But he is finding that a colorful past has left many imprints on this country that it will not be easy to efface.

Looking south from the fertile, low-lying hills of the north, the Syrian desert spreads out before the scientific invaders like a blunt-headed triangle, sloping from Turkey down past Iraq on the east, to Palestine on the west. The scientists meet Bedouin tribes wandering, as they have for centuries, with their black tents and camels, seeking better grazing lands in their travels over the desert trails. Daily these modern invaders pass beside ancient fortifications and ruins

and remnants of palaces. About and under the shifting sands are traces of the Bedouin heritage from the Assyrians, the Egyptians, the Greeks and Romans, the Persians and the Arabians, who have in turn conquered this land and then been forced to move on. Even the long period of decay when Syria was under the domination of the Turks has not been able to erase the relics of these ancient cultures.

Here where the sun shines in fury most of the year, interrupted only by dust and sandstorms, the scientist finds that the life of the natives is conditioned by the fact that there is little rain. Except for three months of the year when rains bring out grass and flowers to give the desert warm color, many of the natives have had to depend on water holes or go where there was water. Now all this is to change. Whether they like it or not, modern ways and a more settled manner of living are in prospect for the nomadic tribes.

This invasion of native life began almost forty years ago. Early in this century Europeans and Americans, looking about for vast, undeveloped lands, conjured up a lively interest in Syria and



the surrounding countries in Asia Minor. They sought commercial rights, planned railroads, bargained for mineral rights. But it was not until after the World War when the Near East, no longer under the control of Constantinople, really began to develop commercially. Syria and Lebanon became republics governed under a French mandate, and Iraq, first mandated to Great Britain, later became independent. There was a rush to make commercial treaties with these countries. Money flowed in, harbors were improved, good highways built, and mineral and oil concessions were taken up.

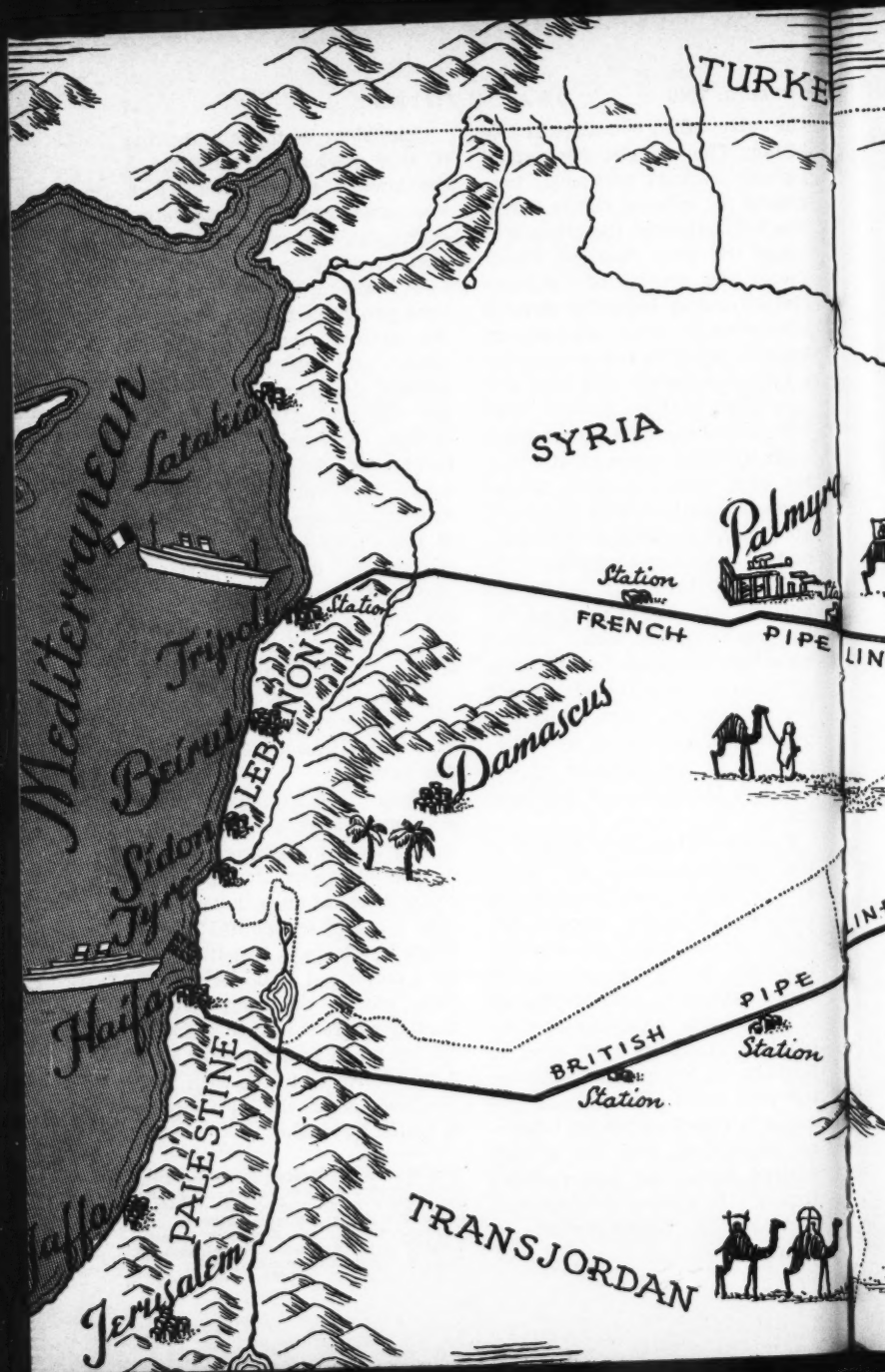
Among these the most important was that of the Iraq Petroleum Company, which was set up several years ago by four large oil firms of the world, who pooled their resources, after important deposits of petroleum were discovered in the foothills of the Kurdish Mountains in Northern Iraq.

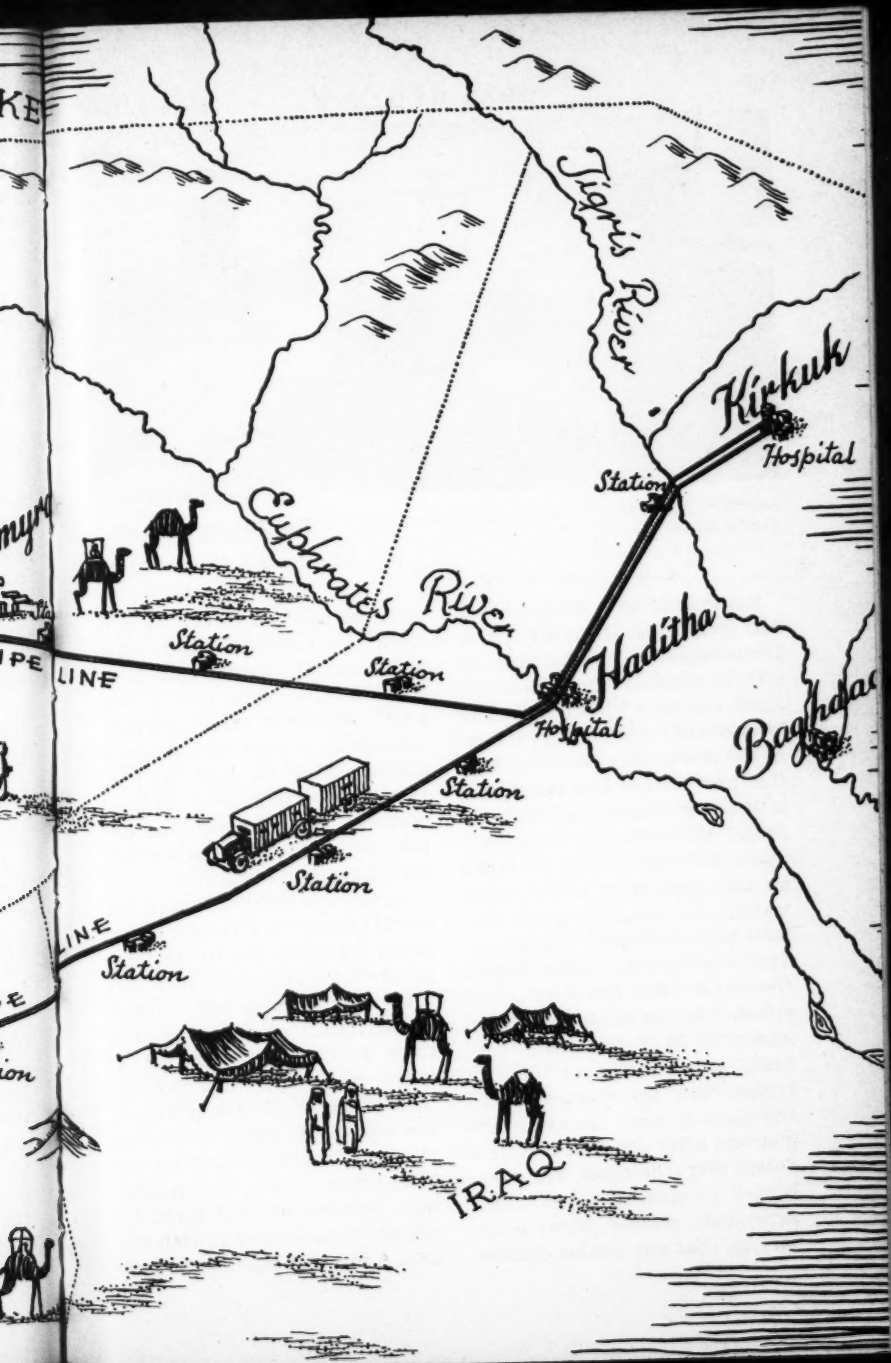
Pipes were laid from Kirkuk to the Mediterranean 600 miles away so the oil could be marketed profitably. Into the peaceful life of the desert came ten-wheeled tractors carrying pneumatic drills, explosives, and thousands of tons of pipe. As a result, a double line of piping now runs to Haditha on the Euphrates where the line splits; the French one going to Tripoli across the Lebanon Mountains, and the British cutting across the lava country through the ancient caravan trail and across Trans-Jordan to Haifa.

Coincident with the launching of this mechanical universe in the ancient Eastern country, it was necessary for the Iraq Petroleum company to employ 20,000 men<sup>1</sup> to lay pipe lines. The officials, realizing they should make some provision for the health of the oil men, technical experts, clerks, and laborers, set up a medical department. Soon they saw the necessity for a dental section. At the University of Beirut they interviewed professors in the dental school on this subject, and one of them, Doctor M. Don Clawson, was asked to establish the dental department and become its chief dental officer. Doctor Clawson had spent several years making a dental survey among the Shammar Bedouins, and his understanding of the health problems of the natives was of much value to him in this new venture.

Because the employees of the oil company were shifting constantly from one temporary camp to another along the 1500 mile route, it was at once obvious that only a motorized dental service would be adequate. Specifications for a motorized clinic were carefully worked out, and sent to London where the clinic was built and equipped. In September, 1933, it was delivered to the Near East headquarters of the oil company at Haifa, Palestine.

<sup>1</sup>Khalifah, E. S.: Modern Motorized Dentistry Invades Ancient Lands and Sands, Paper Read before the section on Operative Dentistry, Materia Medica and Therapeutics, at the Eightieth Annual Session of the American Dental Association, St. Louis, October 25, 1938.







*Interior view of Motorized Dental Clinic of which Doctor Clawson is the chief dental officer.*

Not long after, it started on its first trek across the desert trails. In anticipation of the difficult terrain, without made roads, the clinic had been built on a strong lorry chassis with a heavy motor. As the dental car penetrated further and further into the desert, it became evident to the chief dental officer that his laboratory space was inadequate. To make up this deficiency a laboratory trailer was soon designed and built in the company workshops. This two-wheeled trailer joined the clinic after the first desert crossing at the Euphrates River, where the eight-ton dental caravan, in the absence of any bridge, was transported across the water by cable. Back at headquarters after the first complete desert tour, the clinic was overhauled to make changes which experience showed were necessary, so that any dental problem

could be handled as well as in a modern city office. From the outset it was the determination of the dental staff to give a real health service. In their work they attempted to overcome systemic diseases of dental origin by preventive measures. They also cooperated with the medical department to preserve the working efficiency of all employees.

During the construction period it was possible to give only emergency dental service in the temporary camps to relieve pain, but after the pipes were laid, the permanent staff of employees and their families were settled at twelve desert and three city stations at sixty-mile intervals along the pipe lines, where they could receive adequate dental service. More than forty nationalities were represented, and about 175 persons were located at each station. A fort-like building or serv-

ice unit was set up at every station to house essential services such as food stores, wireless sending and receiving sets, physician's quarters, a four-bed hospital, and a complete dressing station.

A tour of the dental caravan along the pipe lines requires two years, and complete dental service is offered to all employees connected with each desert station. All the service is free except in the case of denture construction and the use of gold for which the patient is charged the cost of materials plus 15 per cent to cover repairs and the loss of gold. Between visits of the caravan, a supplementary dental service is given. One month the chief dental officer sets out with a portable kit carried in the rear of a seven-passenger sedan and spends the time giving emergency care to dental patients in each station. The next month the dental assistant makes this trip. If the weather is bad, or in case of emergencies, a plane is substituted for the automobile.

When the emergency car drives up to a desert station, the medical officer on duty there brings out the list of dental problems that have been reported to him. The patients are brought to the dressing station where a portable kit is set up. Every type of service is given on these monthly visits

except fixed bridge work and roentgenography.

The biennial trip of the dental caravan is always going on, so a complete set of roentgenograms of all new employees and retakes of former patients is kept on file in the clinic car. A duplicate set is kept in the portable kit.

Besides the chief officer and his chair assistant, who drives the caravan and is responsible for packing and unpacking, the dental staff includes two assistant dental officers, two dental mechanics, a driver for the emergency car, and a clerk, who makes out the dental records and does the general clerical work.

Twice a year supplies are obtained from the London office and placed in medical stores at headquarters. Only a monthly supply of materials is kept in the caravan. Through the daily plane service it is possible to obtain emergency supplies in twenty-four hours. This is expedited by the fact that all stations are in connection with each other by wireless, telephone, and telegraph service.

In the six years this motorized dental service has been in operation, Doctor Clawson reports that it has met with the approval of the Iraq Petroleum Company, the governments of the five countries concerned, and the patients themselves.

# PITY THE DENTIST'S WIFE\*

THE DENTINE FAMILY was eating breakfast. Suddenly Mrs. Dentine bit on something hard.

"If you'd use more care in picking out those walnuts, maybe you wouldn't break your teeth so often," spoke Doctor Dentine critically.

"I always put walnut shells in oatmeal. They're delicious," Delia Dentine could not resist returning sarcastically, for this particular offending bicuspid had needed a "filling" for at least a year.

"Well, I haven't a single appointment this morning. Come down and I'll fix you up," replied Doctor Dentine in his most magnanimous tone.

So Mrs. Dentine hustled the children off to school, piled the dishes in the kitchen sink, and rushed down to the office. "This is really a break," she thought.

The drill was just buzzing nicely when she heard a cheerful "Good morning, Mr. Earlybird. See you in just a moment," and Mrs. Dentine knew this was her signal to get out of the operating chair.

By eleven thirty Mrs. Dentine was familiar with the prophecies and whims of *Life*, *Time*, and *Fortune*, but her teeth contained only large clean cavities.

"You'll be needing to get the

children's lunch, so I'll make the patterns for the inlays another day," said Doctor Dentine lightly, and slapped some temporary cement into the cavities.

The Dentine children ate sandwiches that noon and Delia Dentine spent the afternoon in the kitchen.

Two months later the temporary cement was crumbling in Mrs. Dentine's mouth, so she spent another half day in and out of the operating chair, and emerged with some new cement "fillings." But anyway some nice blue wax patterns lay on the instrument table, and that was something.

"It takes a long time to get any work for myself, but when I do get it, it's good, and that's more than a lot of dentists' wives can say. I'll bet poor Mrs. Lookwell hasn't had a decent alloy 'filling,' let alone a gold one, since she was married," mused Mrs. Dentine enroute home.

At the end of six months Mrs. Dentine could exhibit two bright gold inlays.

"These inlays have been expensive on my time, nerves, and energy," remarked the patient, "but there's one compensation; I've been able to spend some time with you, even if it was with a rubber dam in my mouth. Dan,

\*By a Dentist's Wife.



*"The kids  
get on my  
nerves with  
all their  
noise and  
nonsense."*



can't you arrange things so that you can spend a little more time with your family? Do you realize that you haven't spent an evening at home for two weeks?"

"Well, you want me to get ahead, don't you?" snapped Doctor Dentine, and his wife realized that this was not the day to broach the subject.

Of course she wanted him to get ahead, she was thinking on the way home. Of course she wanted him to have a successful practice, to be president of the

dental society, and some day to be state president, for she knew he cherished that ambition. She was willing to economize and save at home so that he could attend conventions and become known in professional circles. But a convention always meant not only a room at a luxurious hotel, but also a new suit with an impressive price tag, and this year it had meant a big shiny Packillac car, when a Fordolet was all they should afford. She hadn't even been consulted about it, but she



knew it was intended to "make a hit with the big-shots."

"It's ridiculous," she had protested at the time. "Here we are, living in a cottage on Middleclass Avenue; I do all my own work and most of our sewing. We don't go out in society, and yet we drive a car that ought to have a chauffeur at its wheel."

"Well, I'm not a two-by-four dentist," Doctor Dentine defended himself irritably. "How do you think that old second-hand six-cylinder would impress Doctor Plutocrat and Doctor Society? If I'm going to be successful, I've got to look successful."

Well Mrs. Dentine wanted him to be successful too, so she dropped the matter.

Came a beautiful Sunday and a family picnic in the woods would make the day perfect. "Sorry," Doctor Dentine excused himself, "but I told Richman that I'd meet him at the Gun Club at two o'clock. Besides I want to try out my new gun."

"New gun?" queried his wife, too taken aback to comment further.

"Yes, and isn't it a beauty?" as Doctor Dentine proceeded to display the latest addition to his hobby. "Saw it in the Sport Shop window last evening."

By this time Mrs. Dentine had recovered sufficiently to remind her husband that he already had eighteen guns in the closet, but she had long since ceased to remind him that the Gun Club dues alone amounted to more than the fees he had ever collected from

Gun Club members, and that he had more invested in guns than he did in securities. She knew his reply by heart now, "My dear, I'm going after big game. You can't get rich on the common herd."

### In His Own Home

In the meantime Delia Dentine was wondering just what would happen to their home life. Not only were his children virtually unacquainted with him, but when he was at home, he seemed to vent his inward wrath at patients on the family. She had often noticed how suave and apparently understanding he was in the office. But at home he was increasingly demanding to be catered to and waited on. Why last evening he had even picked up his plate and gone into the living room to eat. "The kids get on my nerves with all their noise and nonsense."

Also she had grown just a little weary of household budget juggling in order to look prosperous at dental conventions and sportsmen's lodges. Doctor Dentine demanded the most up-to-date conveniences in his office, but his wife could put up with Mother's cast down gas stove. Whenever he bought a new gun, it meant another year for her old pony coat.

However, when Delia had married ambitious Dan Dentine, she had promised herself, "Above all else, I'll not be a nagger," and there had been few occasions when she had forgotten her vow. On this particular Sunday, though, she resolved that there

would be an understanding that evening. "Dan knew that I was counting on a new range next time we had some extra money. And now this gun."

Mrs. Dentine worked up some good arguments for her side of the case. No sooner were the supper dishes off the table, however, than Doctor Dentine announced casually that he was expecting Doctor Strutt, "We want to work out the details for the state meeting."

"That old bore," exploded Delia

Dentine, who at the moment was not very enthusiastic about dentists, "his conversation is nothing but I . . . I . . . I! I feel sorry for Sarah Strutt. I wonder how many times she has heard about his speech at Pennington last year. It may have been clever at the moment, but it's been stale a long time now."

"Well, he makes a lot of money, and I notice Sarah seems to enjoy spending it," retorted Doctor Dentine sharply.

"I'm not so sure; she always



"Maybe I'm a fool, too—"

looks tired and has very little to say. Besides," added Delia, "do you suppose Sam Strutt would appear so clever if Sarah didn't help him with those talks?"

Next day Doctor Dentine wanted a favor. "Here's this book I borrowed from Lookwell, I ought to return it, and I'm going to be busy today. Would you mind leaving it at his office?"

So it was that Delia Dentine, who also was busy that day, found herself entering the office of Doctor Lookwell, Dentist. She was greeted by a woman in a ragged house dress, run down shoes, and stockings showing runs. Her whole appearance was one of poverty. She was, however, not the janitress, but Mrs. Lookwell herself.

"Doctor is out today and I'm staying in the office," she explained. "You know the national president of Rowanis is here and my husband was to be his host today. Doctor Lookwell is state president now. He's just forged right ahead," and she beamed with pride as she narrated her husband's ascent up the ladder of international luncheon clubs.

"How fine," commented Delia Dentine aloud, but inwardly she said, "Louise Lookwell, you had

those teeth extracted at least two years ago. Is it possible that your husband hasn't made a bridge for you yet?"

Enroute home she kept thinking about poor Mrs. Lookwell. "Is she being a sweet martyr or is Doctor Lookwell actually hard up?"

Mrs. Dentine mentioned the subject that evening.

"Oh, Lookwell has a good practice. But he's always on hand wherever there is handshaking and speeches. Of course it takes money. She's just a fool," added Doctor Dentine, and proceeded to get out an expensive golf bag and suit.

The next day was to be the annual field playday of the dental component, and Doctor Plutocrat and Doctor Society would both be on hand.

"They're the boys that can take me places, and I've got to be seen," explained Doctor Dentine.

As he sat down to spend the evening behind his newspaper, Delia Dentine was stacking dishes in an old style sink without a drain board.

"Maybe I'm a fool, too," she thought, "but I wouldn't mind it if I thought it was appreciated."

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## NOTICE

Applications for dental internships are now being received at Baltimore City Hospitals. Senior students interested may receive application blanks by writing to the Superintendent, Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland.



*Houston (Texas) Post:* Doctor Walter H. Scherer has been selected as president of the Texas Dental College, Houston's oldest institution of higher learning. Ever since it was founded thirty-five years ago, Doctor Scherer has been connected with the institution as professor of dentistry, and for the past twelve years he has been the vice-president. Doctor Scherer is a graduate of the Ohio College of Dental Surgery, class of 1900, and of the Universities of Texas and Pennsylvania.

The Texas Dental College is widely known for its scholastic achievements and the special work in the field of dental research which has been carried on in recent years under the direction of Doctor Emmerich Kotanyi, formerly of the University of Vienna, and his associates.

*San Francisco (California) Chronicle:* A dinner meeting, unique in the history of San Francisco, was held in December for the dentists, physicians, and lawyers of the city. It was the first time that members

of these leading professions have had an opportunity to discuss their common problems. Guests seated at small tables to aid the exchange of ideas greeted the innovation with enthusiasm. Cooperating with Attorney Hartley F. Peart, president of the San Francisco Bar Association, in planning the dinner, was Doctor J. Elwood Frates, seasonal presiding officer of the San Francisco District Dental Society.

*Gary (Indiana) Post Tribune:* Dental examinations, tooth extractions, bridge work, and other dental services have been made available to the children of needy families in Gary through funds raised at the Delta Theta Tau sorority's "Society Night" style revue in a local theatre. A dental examination room has been set up in the Gary Neighborhood House, and here children of pre-school age and the first years of school are selected for dental treatment after a free examination. Besides those found in need of dental service, other children who wish to have their teeth

examined may go to the settlement house one afternoon a month. Gary dentists cooperating with the sorority project are H. L. Montfort, A. D. Milteer, R. H. Bratton, K. W. Siegesmund, and S. B. Daubenheyer. All of these men furnish their own instruments and supplies for extractions, restorations, and prophylaxes. The dental service is given in the dentist's own office by these dentists who also examine the patients at the settlement house. The Delta Theta Tau sorority expects to spend more than \$600 during the year in its philanthropic work.

*Long Beach (California) Sun:* Last month the Chinese junk Hummel-Hummel of Shanghai left the Long Beach-Los Angeles harbor for the Straits of Magellan and thence the Amazon River with E. Allen Peterson, 37, a former Compton dentist, at the helm. Accompanying Doctor Peterson were his wife, Wendel K.



Parks of Seattle, and a photographer, who will take pictures of Indian life along the coast of Latin America, where numerous ports of call will be made.

Built of camphorwood, the junk was acquired by Doctor Peterson in Shanghai at a cost of only \$250. Accompanied by his wife and two White Russian sailors, he piloted the craft to Long Beach harbor—a distance of some 6000 miles—in 188 days, reaching there October 3, 1939. The Hummel-Hummel, which is 36 feet in

length and equipped with a single mast and a jib sail, weighs only one-tenth as much as the Santa Maria, historic ship of Columbus', but is expected to sail more than twice as far.

*Burlingame (California) Advance and Star:* Nearing 80, Edwin R. Waterman, a retired dentist of 308 North El Camino Real, San Mateo, has just had a song, *IN THE SHADOWS OF THE SILVERY MOON*, for which he wrote the words and music, accepted for recording by a large phonograph corporation. This is, however, merely an incidental part of his widespread activities. Doctor Waterman is a former boxing coach and plans to form a class of local persons who want training in the art of self-defense. He has recently written a 300 page manuscript of humorous stories, drawn 150 cartoons, and last year he attended the San Mateo Junior College to study short story writing, Italian, and voice development.

*Newark (New Jersey) Call:* Rubber mouth pieces of the type worn by prize fighters may soon become standard equipment for football players, according to Ebert C. Carpenter, a dentist of Irvington. During the past ten years he has supplied some 200 of these safety devices to outstanding fighters, and he has filled a request by a large eastern university for mouth pieces that were used on an experimental basis last season. "Football players run the same risk as fighters of having their teeth injured," Doctor Carpenter said in pointing out the need for dental protection on the gridiron.

Making mouth pieces is a hobby of Doctor Carpenter's. His interest in

the protective device was aroused during his undergraduate days in the University of Maryland. Active in gymnastics then, the need for a firm-fitting mouth piece was brought forcibly to his attention by accidents involving loss of teeth.

**Bakersfield (California) Californian:** The first reception in eight years to which he has accepted an invitation was given to Yehudi Menuhin, world famous violinist, by



E. G. Zimmer, a dentist, and his wife in their home at 527 Oleander. Guests at the charming reception included the violinist's father, his ac-

companist, and a number of musical impresarios. As president of the Kern County Musical Association, Doctor Zimmer was presented recently with a handsome gift by the Board of Directors of this organization in appreciation of his valuable services to them.

**Pittsburgh (Pennsylvania) Press:** The life of Archy F. Toy, Avalon dentist, who died at 91, offers a concrete rebuttal to the argument that a man is "through at 40." At 44, after thirty years in various types of employment including railroading, he became a dentist and carried on a successful practice for thirty-eight years, retiring in 1930. Doctor Toy was born in Ireland in 1848, and was brought to America by his parents two years later. He began to work at the age of fourteen, during the Civil War, and was graduated from the Philadelphia Dental College in 1892.

Contributors to DENTISTS IN THE NEWS who received awards for the current month:

W. D. RANDALL, 416 Helm Building, Fresno, California.

MRS. ARTHUR H. NOBBS, Burlingame, California.

MRS. CONSTANCE DOWLING, Summit, New Jersey.

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### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE  
ABOVE ALL LIBERTIES. *John Milton*

## RETIREMENT HOMES FOR DENTISTS

"... IN ALL HUMAN experience there is no circumstance that so dis-crowns a man as retirement from his part in the active life of the world. When he who produced now only consumes, when he who gave the law receives it, no matter how kindly, when he who was a man among men, is now socially only a child, his life is over in his own inner self-judgment. Unless he has available to himself some source of dominance and pride, he becomes neurotic and retreats into the past."<sup>1</sup>

Dentists, like other men, spend their active lives in the arena of affairs. Here they produce services, minister to the sick, and relieve the afflicted. Comes a day when they, like other men, must face the realities of the aging process; when they must admit to themselves in any case, that their efficiency has decreased, that fatigue overtakes them sooner, that people have begun the sad migration "from my old dentist to a younger man." How they face this day depends upon their preparation. It requires more than money to face retirement gracefully, although money is important. It requires a preparation of the mind, a mellowness of spirit; the creation of which cannot begin too early in one's life. For the one who is prepared and has health, old age should not be a day to anticipate with dread, but the sunset years of enrichment and enjoyment.

Each year the number of old people in the population increases. Among them will be a proportionate number of dentists. There are today in the United States "nine million more mature people than in 1929." Students of population trends assure us that in the next twenty years there will be an increasing number of old people and a decreasing number of young. The improvements in preventive and curative medicine—sulfapyridine in the treatment of pneumonia, "the disease of the aged," for example—and a falling birth rate are two of the reasons.

<sup>1</sup>Helton, Roy: Old People: A Rising National Problem, Harpers 1973:449-459 (October) 1939.



Dentists do not come under the old age provisions of the Social Security Act at the present time. They must plan their own retirement programs under the sometimes precarious system of private saving. Dentists have no pension systems, except those that they create themselves. They do band themselves together in professional organizations to advance the science and art of dentistry. Along these lines they have made notable advances. Unlike the trade union or the lodge, dentists have done little to improve their economic lives and nothing to plan retirement programs for members of dental organizations.

An organization of more than 40,000 members, such as the American Dental Association, should have a retirement home for dentists. The excellent program of relief directed by the American Dental Association has demonstrated that there is destitution among dentists. There is little doubt that there are hundreds of other dentists who are dependent upon their families for help, although they have not gone into such abject poverty that they need out-and-out relief. There must be other dentists—many of them—who are now old or face an old age of loneliness who would welcome a home to which they might retire and share the companionship of other men who had spent their lives in the dental profession.

A retirement home need not be a poorhouse, nor a place of asylum for only the miserable and the friendless. It could be a house of warmth and cheer to which all dentists might retreat: the independent as well as the dependent. Retirement to a home with one's colleagues should carry with it no stigma of a life's failure. There must be many dentists who would rather spend their retirement years in congenial surroundings with contemporaries than as old men invading the privacy of children and grandchildren. A retirement home need not be for dentists alone, but could easily be planned to keep intact the relationship of husband and wife.

In this issue begins the first of several specially prepared articles on the general subject of retirement homes. These articles are presented to the profession as a basis for further discussion among forward-looking members of the profession. The single interest this publication has in the subject is to arouse interest and to present information. The organization of such a project is the privilege of professional societies. It would be sheer presumptuousness on our part to intrude upon this right of dental societies. We will, however, welcome a response and will be anxious to publish comments from readers on the subject.

*Edward J. Ryan*

# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Defects in Speech

**Q.**—I should appreciate your advice on the following case:

I have a patient who wears full upper and lower dentures and has no complaint whatever in regard to the teeth, but in talking he seems to whistle more or less, which I have tried to correct in several ways and have failed.—R. C. P., Montana.

**A.**—Usually patients who whistle or have any other speech impediment with dentures will overcome the fault as they become thoroughly accommodated to and accustomed to the wearing of the dentures.

In some instances I have succeeded in helping a patient to correct such a fault by changing the shape of the palate by grinding it thinner and reshaping or adding rugae or more normal palatal contour. You can test out various additions to the palatal contour by waxing a rugapak or other palatal contour to place for trial wearing.—V. CLYDE SMEDLEY.

## Frenum Labiorum

**Q.**—I have an eight-year-old patient with the two centrals close to full eruption but standing apart to the extent of two millimeters. What concerns me most is that the frenum is attached to the extreme buccal

edge of the maxilla. Would I be right in closing this space by orthodontic procedure without operating first on the frenum or at all?

My intentions are to discount the crowding of teeth yet to erupt.—W. L. S., California.

**A.**—Some orthodontists use the procedure which you suggest in your letter when maxillary central incisors are forced apart by a frenum labiorum. It is thought that bringing the incisors together will result in atrophy of the frenum and its cutting or dissection thus be obviated—GEORGE R. WARNER.

## Spasms of Pain

**Q.**—It is now several years since I have begun to benefit by your replies in ASK ORAL HYGIENE, and I don't know what I would do without them.

I have a problem that is puzzling me, and should appreciate it very much if you could give me some enlightenment.

A patient of mine, a woman about 39, whose general health appears to be good, complains that every night, as soon as the sun has set, she experiences a severe and almost unbearable pain over her jaws; usually the right side only but occasionally, as she did last night, on both sides of her face. Her teeth are in perfect condition, outside of a lower right second molar in which I placed an amalgam restoration recently. This tooth

had a fairly deep cavity, but I capped it with thymozin, and she has had no trouble with the tooth itself. She can chew on it as hard as necessary without any interference.

If it is ordinary facial neuralgia she is suffering from, I fail to comprehend why it should come on, without exception, immediately after sunset.

I may add that the patient is about three months pregnant. Might her condition have anything to do with this phenomenon?—J. A. R., Pretoria, Union of South Africa.

A.—In the absence of pathogenicity of the teeth or supporting structures the pain, of which your patient complains, naturally would have to be accounted for by some systemic dyscrasia.

It is not uncommon for people to have spasms of pain in the teeth when they are under heavy nervous strain or over tired. Such spasms usually subside when the strain is removed or the person is thoroughly rested.

Similar spasms of pain occur during pregnancy and will sometimes be confined to one tooth, which may be a sound healthy tooth. At the termination of the pregnancy or sometimes, even before delivery, the pain will cease.

So it might be in the case you mention that it is the pregnancy which is responsible for the spasms of pain and that the obstetrician in charge of the case should be consulted as to palliative treatment.—GEORGE R. WARNER.

### Cleaning Trays

Q.—Will you please tell me how to clean impression trays?—R. B. D., West Virginia.

A.—To remove modeling compound from an impression tray,

first flow wax over the compound, heat the wax to a flowing consistency and wipe the tray clean with a cloth. Polish with steel wool and sterilize with a liquid antiseptic. We used to boil our trays, but boiling blackens them.

—V. CLYDE SMEDLEY.

### Dermatitis

Q.—I have been troubled with a roughness and sometimes watery eruptions on my hands. I recently consulted a dermatologist, and he immediately diagnosed it as a procaine allergy. He says he can keep it under control but cannot cure it as long as I have procaine in the office.

Do you have any suggestion of another anesthetic I may use, or is there any cure for the allergy so I can still use procaine. I wish to thank you sincerely for this service.—W. U. H., Iowa.

A.—Procaine dermatitis is characterized by first an itching, and then a desquamation of the skin of the hands in some cases, particularly around the finger nails. The only sure cure is to give up the use of procaine. In certain cases the dermatitis will disappear if rubber gloves are worn or if butyn or apothesis is used for an anesthetic instead of procaine.

For treatment, the hands should be soaked a number of times a day in hot boric acid solution, one teaspoonful of borax to the pint of water. The hands should be wrapped in cloths soaked in this same solution at night and can be covered with rubber or oil cloth to protect the bed clothing.

Roentgen ray treatment is also used successfully. — V. CLYDE SMEDLEY.

### Torus Palatinus

Q.—In the case of a torus palatinus

being present and a full upper denture necessary, which is preferable, a horseshoe or roofless full denture or an operation for removal of the torus?

In the event the torus is removed, just what is the technique for this? Are sutures necessary?—L. S., New York.

A.—We are convinced that the removal of a torus palatinus is seldom necessary or advisable. A roofless denture can be made, or in most cases these bony prominences can be covered, with a full palate denture, by simply providing ample relief over the torus.

If an operation is considered necessary, it is advisable to lay back a generous flap of gum tissue from the palate exposing the torus completely. It consists of hard bone but can be removed without great difficulty with chisels or bone burs. The chief difficulty with this operation seems to be the fact that the gum over the torus is so thin and lacking in circulation and vitality that it is likely to slough, exposing the bone; thus rendering the healing process both tedious and painful.—V. CLYDE SMEDLEY.

### Vulcanizing Cases

Q.—A few days ago I packed a full upper and lower vulcanite case taken from the same box of rubber, vulcanized them in the same vulcanizer at the same time. The lower case came out perfectly vulcanized, the upper came out so soft and spongy that it could be tied in a knot. A couple of days later I remade the upper and revulcanized it out of the same box and it came out nicely. Please tell me what happened the first time.—E. W. F., Nebraska.

A.—You probably failed to let the air out of the upper part of your vulcanizer, so that the upper

flask was insulated from the full vulcanizing heat of the water and steam below by the trapped air pocket above.—V. CLYDE SMEDLEY.

### Facial Paralysis

Q.—I extracted an upper left first molar for a man about 60. He is in fair health but has had treatment for diabetes. The tooth was slightly loose and, because of pyorrhea, had become sensitive to cold and was sore. I used a local anesthetic, tuberosity, and lingual injections, and the extraction was simple.

A few days later I saw the patient and his left eyelid was inflamed. He complained of seeing double when he opened the eye, which could only be done with the finger. The muscles of the lid apparently were paralyzed. The tooth socket was giving no trouble, no swelling. I advised him to see an eye specialist who thought this was a form of facial paralysis and would leave.

I saw him the other day, after about three weeks. The socket is giving him no trouble, but he still has no muscular control of the eyelid. Could this be a variation of Bell's palsy caused by the extraction or anesthetic? I should appreciate your opinion as to the cause and result.—J. M. R., Iowa.

A.—We do have eye symptoms from conduction anesthesia, even from anesthesia of the inferior dental nerve. We have never noted as severe symptoms as you describe in your letter. Nor have the symptoms persisted longer than the anesthesia.

Corneal ulcer, uveitis, and other pathologic conditions of the eyes occur as a result of focal infection in the mouth, but your case is apparently an entirely different condition.

Bell's palsy is an affection of the seventh nerve, so I don't see how it could be caused by the

tooth extraction or anesthetic, even if the eyelid paralysis were a modified type of Bell's palsy.

So, all in all, I am inclined to believe that the eyelid paralysis was coincident rather than a result of the tooth extraction.—  
GEORGE R. WARNER.

### Unprotected Dentine

Q.—Recently a woman patient, about 25, came to me, and her chief complaint was a hypersensitive condition which is apparently present in all of her posterior teeth above and below.

A thorough oral examination was made, and roentgenograms taken, and the occlusal surfaces of the teeth were thoroughly examined.

My observations were as follows:

Some of the teeth had deep seated amalgam restorations with no protection for the dentine against hot and cold shock. Some of the restorations I have removed and I properly protected the teeth involved with the necessary pulp capping and cement base, using a very small amount of amalgam to complete the restoration.

The patient is still complaining of severe pain and apparently has had no relief as yet. Several pit and fissure cavities were present and in these I also placed restorations; however the hypersensitive condition and severe pain still persist.

If possible, will you kindly give me an explanation of this condition, and advise me as to how I may remedy it?—A. A. B., Ohio.

A.—You have evidently handled the case cited in your letter in the most approved manner so far as restorations are concerned.

There is one thing that frequently is responsible for the hyperemia from which your patient

is suffering and that is an imbalance of the occlusion which results in undue or tripping stresses of the affected teeth.

If you find that the teeth are pushed unduly to the buccal or lingual as they pass from centric to eccentric occlusion, you will be justified in reducing long interlocking cusps or polishing off the margins of marked facets so that the teeth will glide smoothly in their normal excursions.

We have overcome serious cases of hyperemia by the procedure just described.

It might be said also that teeth, which have suffered from thermal shock due to the type of restorations, which you describe, do not immediately recover in every instance when the condition is corrected.—GEORGE R. WARNER.

### Removing Medical Odors

Q.—Some years ago I read an article on how to rid an office of medicinal odors but I cannot find any trace of the article in any of my magazines.

If you have the formula available, I should greatly appreciate having you send it to me in the self-addressed and stamped envelope enclosed.—  
J. A. K., Illinois.

A.—The simplest and surest way is to throw out and keep out of your office all drugs that have objectionable medicinal odors. Creosote and iodoform are probably the chief offenders. You and your office can get along very nicely without either of these or anything else that has an objectionable odor.—V. CLYDE SMEDLEY.

## DENTAL MEETING DATES

Rhode Island State Dental Association, annual meeting, Providence, January 17-18, 1940.

Eastern Dental Assistants, regular meeting, Allied Dental Council, 145 West 57th Street, New York City, January 31.

Pennsylvania State Dental Hygienists, annual meeting, Benjamin Franklin Hotel, Philadelphia, January 30-February 2.

Greater Philadelphia Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, January 30-February 2.

Southern Dental Association, annual meeting, Hotel Patten, Chattanooga, Tennessee, February 5-6.

Chicago Dental Society, midwinter meeting, Stevens Hotel, Chicago, February 12-15.

Minnesota Dental Association, annual meeting, St. Paul Auditorium, St. Paul, Minnesota, February 27-29.

Cleveland Dental Society, annual Spring meeting, Statler Hotel, Cleveland, Ohio, April 8-9.

Mississippi Dental Association, annual convention, Robert E. Lee Hotel, Jackson, April 15-17.

Louisiana State Dental Society, sixtieth annual meeting, Monroe, Louisiana, April 18-20.

Missouri-Kansas Dental Meeting, annual meeting, New Municipal Auditorium, Kansas City, Missouri, April 28-May 1.

New Jersey State Dental Society, annual meeting, Berkeley-Carteret Hotel, Asbury Park, May 8-10.

Dental Society of the State of New York, annual meeting, Hotel Statler, Buffalo, May 14-17.

Five State Post Graduate Clinic, eighth annual meeting, Willard Hotel, Washington, D. C., May 19-23.

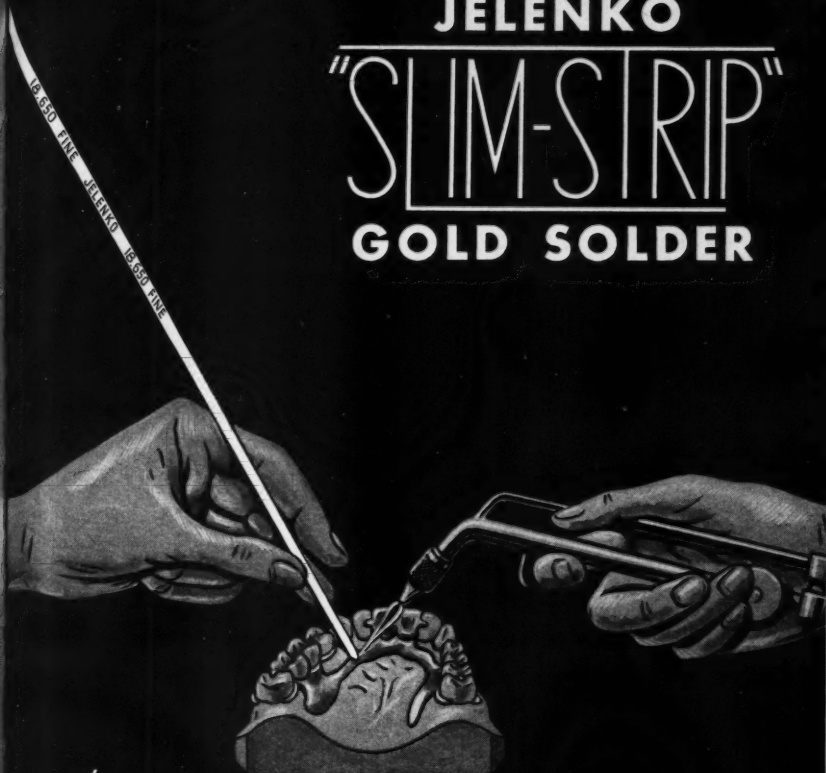
Pennsylvania State Dental Society, seventy-second annual meeting, aboard ship on the S.S. *South American* of the Georgian Bay Line, sailing from Erie, June 13-16.

## THE COVER

ORAL HYGIENE'S January cover features a Chicago scene of unusual interest, dedicated to the Chicago Dental Society and its seventy-sixth annual Midwinter Meeting, which will be held in Chicago at the Stevens Hotel, February 12-15. The kodachrome from which this natural color illustration has been reproduced was taken by Alfred Stiles, Chicago. Looking north on Michigan Avenue, this scene reflects unique and contrasting types of architecture. Shown in the foreground are the Chicago Water Tower and Waterworks, the only municipal buildings to survive the Chicago fire of 1871; while the Palmolive Building, a highly modernized structure, rises in the background.



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Boy: "And, now, doctor, that I've told you I am going to marry Anne, there's one thing I want to get off my chest."

Doctor: "You just tell me about it, my boy."

Boy: "A tattooed heart with the name Mabel on it."

○

Izzat: "Hello there, you home? I thought you were in college."

Izzard: "I was, but I had to leave on account of my eyesight."

Izzat: "You had to leave college on account of your eyesight? Why, that's too bad!"

Izzard: "Yes, I mistook the new dean of women for a co-ed."

Brakeman (who had ordered tea): "What is this? Is it tea or coffee?"

Waitress: "What does it taste like?"

Brakeman: "It tastes like wood alcohol."

Waitress: "Then it must be tea. Our coffee tastes like gasoline."

○

The junior partner, who was in love with her, was talking to his pretty secretary when he saw the boss come in.

Junior Partner (trying to change the subject quickly), "Let's see—where was I?"

Stenographer (who had not seen the boss): "You were talking of our future, darling, our home, the beauty of a room by firelight, and how you'd like to push old big fish in the teeth."

○

An elderly lady chided her husband for his failure to assist her up the steps to the railway coach:

Lady: "Henry, you ain't as gallant as when I was a gal."

Husband: "No, Lettie, and you ain't as buoyant as when I was a boy."

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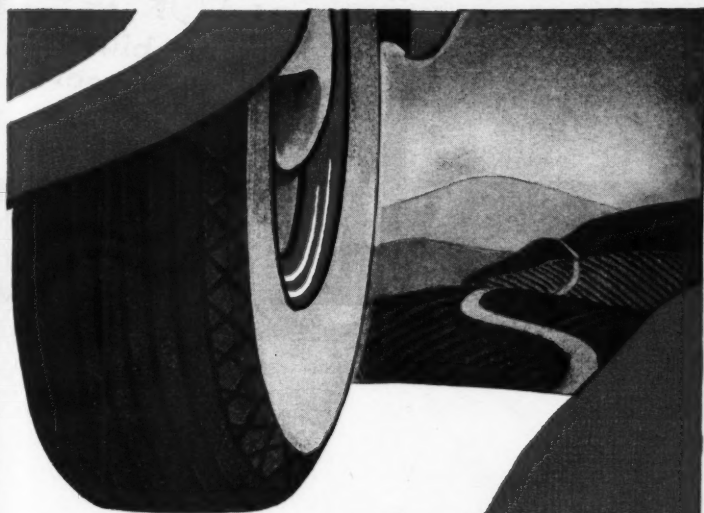


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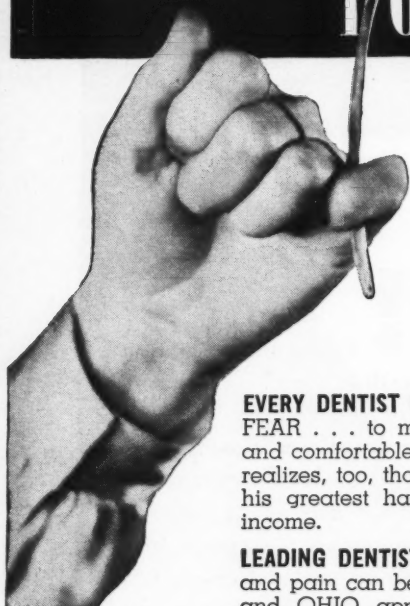
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year of my career!"

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realizes, too, that in accomplishing this he eliminates  
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income.

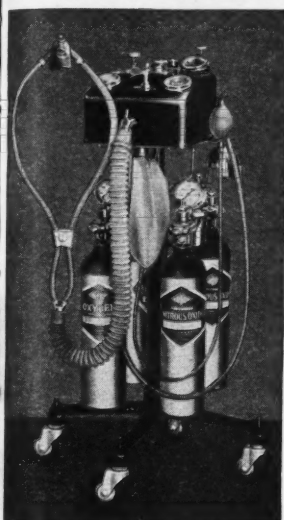
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*change sensitive patients who hate to come to you into*  
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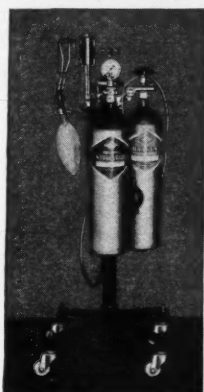
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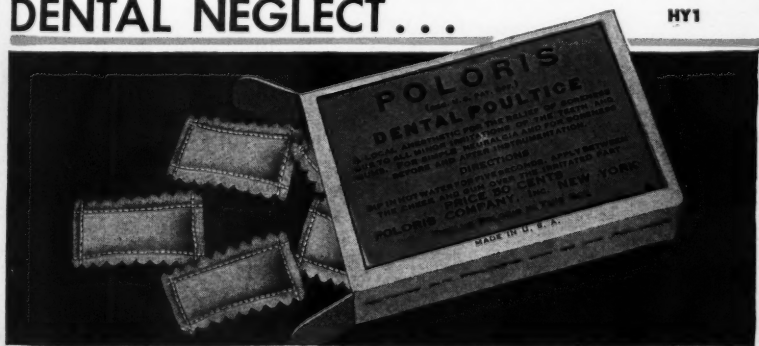
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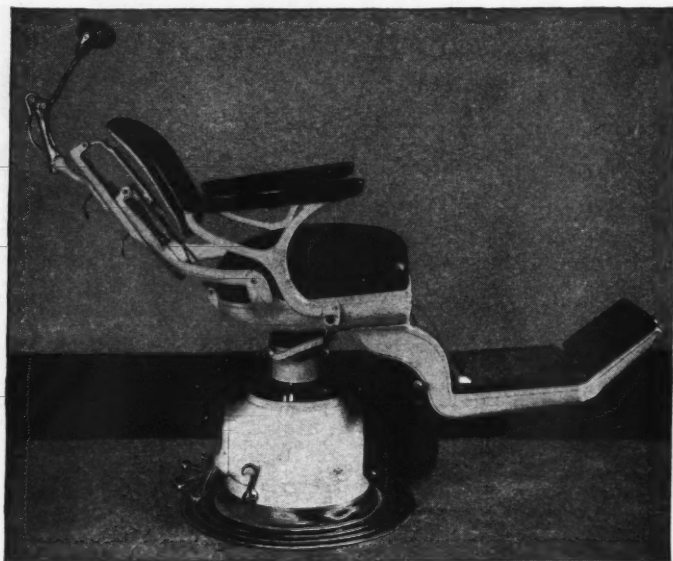
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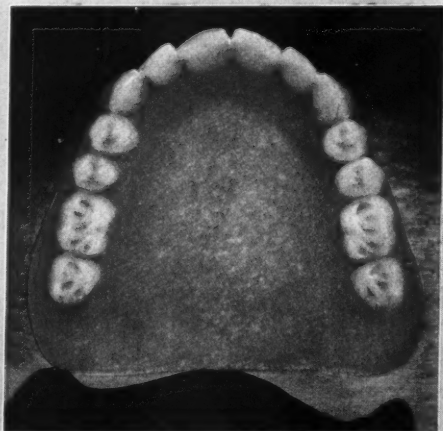
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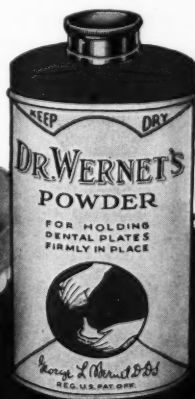
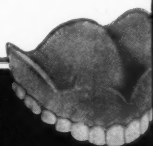
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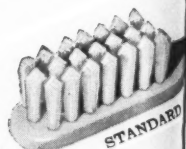
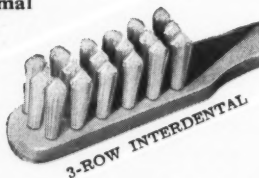
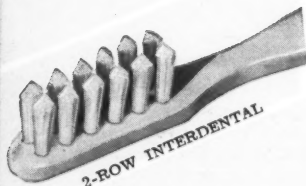
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*Per 100 c.c. freshly expressed juice*

VITAMIN C . . .	40 mgm.
VITAMIN B . . .	20 Sherman units
VITAMIN G . . .	Present
VITAMIN A . . .	No data
CALCIUM . . .	9 mgm.
PHOSPHORUS . . .	15 mgm.
CARBOHYDRATE . . .	10.1 gm.
CITRIC ACID . . .	1.31 gm.
POTENTIAL	
ALKALINITY . . .	4.5 c.c. N/alkali
FUEL VALUE . . .	45 calories

Many investigations have shown that the American diet in general is markedly deficient in vitamins and mineral salts, and that deficiency disease is of frequent occurrence.

It is often the privilege of dentists to recognize, in the mouths of their patients, the various manifestations indicating the advisability of increased citrus intake. Counsel on their part to supplement the usual diet by the addition of grapefruit should help to raise the present "minimum" intake of accessory substances to the "optimum" which is requisite for buoyant health.

Grapefruit may be enjoyed at meal-times as entree, salad or dessert, or the juice may be taken as a pleasant and healthful drink at any time.

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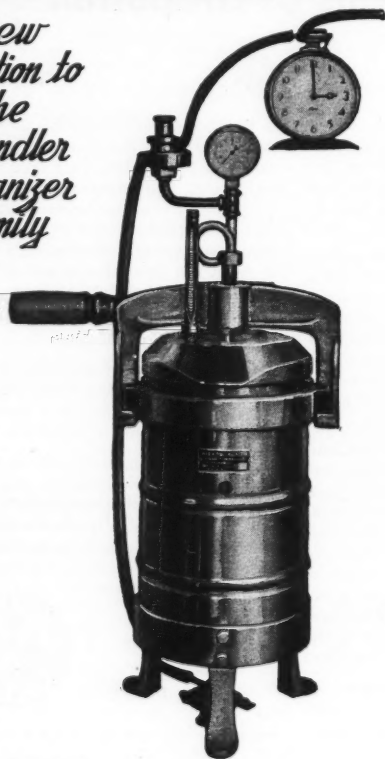
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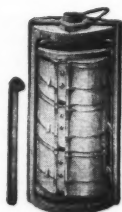
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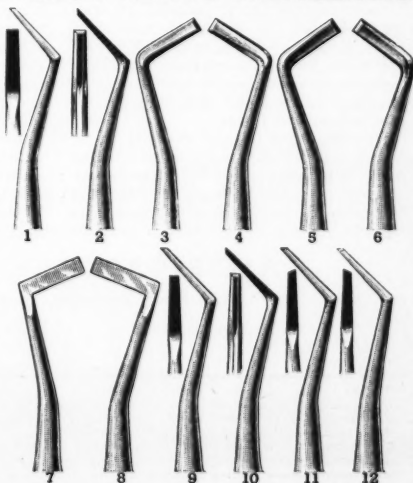
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## METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

### IV. Measurement of Vitamin B<sub>1</sub> Activity

• The existence of the factor now known as vitamin B<sub>1</sub> was first established by the work of Eijkmann over four decades ago. In 1912, Funk (1) isolated a nitrogenous substance—capable of curing polyneuritis—to which he applied the provisional name of "beriberi vitamin." Vitamin B<sub>1</sub>, therefore, is the first of the essential food factors to be termed a vitamin.

Despite this fact, it has only been within recent years that specific biologic methods for estimation of this vitamin—free from the serious limitations of the earlier assay methods—have become available. Many of the earlier techniques were proposed before resolution of the "vitamin B complex" into its component factors. In addition, only within the past few years have reference standards of vitamin B<sub>1</sub> activity—the standard absorption product and thiamin—become generally and conveniently available for use in the quantitative determination of vitamin B<sub>1</sub>.

As indicated in a recent review (2), modern bioassay methods for vitamin B<sub>1</sub> are quite diverse in detail. It is hoped that identification of this dietary essential (3) will soon bring a dependable chemical method for its estimation which will permit more extensive and reliable investigation of the vitamin B<sub>1</sub> activities of foods than has heretofore been possible. Recent advances in the science of nutrition, however, have brought definite refinement and improvement of modern bioassay methods for determination of the antineuritic factor.

In illustration, quite recently a rat curative technique employing crystalline thiamin chloride as the Reference Standard was endorsed by the U.S.P. Vitamin Advisory Board (4), for use in determining the vitamin B<sub>1</sub> activities of foods or

other biological materials which contain a sufficiently high concentration of the vitamin. In this method young rats (not exceeding 50 grams in weight or 30 days of age) are maintained on a specified vitamin B<sub>1</sub>-deficient diet until their body stores of the vitamin are depleted as judged by the onset of acute polyneuritis. Such depleted animals are suitable for use in the assay proper provided the depletion period required for the development of acute polyneuritis has not exceeded 75 days.

To each properly prepared animal is administered a single dose of the reference standard of such size that a curative period of not less than 5 or more than 15 days will be produced. Each animal is then carefully observed until the exact degree of acute polyneuritis reappears, at which time an appropriate single dose of the material under assay is administered. The duration of the cure of polyneuritis is again observed. Only data obtained from successive administration to the same animal of reference standard and assay material (using not less than 8 rats) are to be considered. Data obtained from groups of rats in which the duration of the cure following the administration of assay material is equal to or greater than that produced by the reference standard are suitable for use in calculating the vitamin B<sub>1</sub> potency of the materials under assay.

As has been previously described (5), the effect of commercial canning on vitamin B<sub>1</sub> is variable and in any specific case largely depends upon the nature of the product itself. However, among the great variety of commercially canned products are many foods which—when included in the varied diet—will contribute valuable amounts of this essential vitamin.

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(1) 1912. J. State Med. 20, 341.

(2) 1938. J. Am. Med. Assn. 111, 927.

(3) 1938. J. Am. Med. Assn. 110, 727.

(4) 1939. J. Am. Pharm. Assn. 28, 267.

(5) 1939. The Canned Food Reference Manual, American Can Co., New York.

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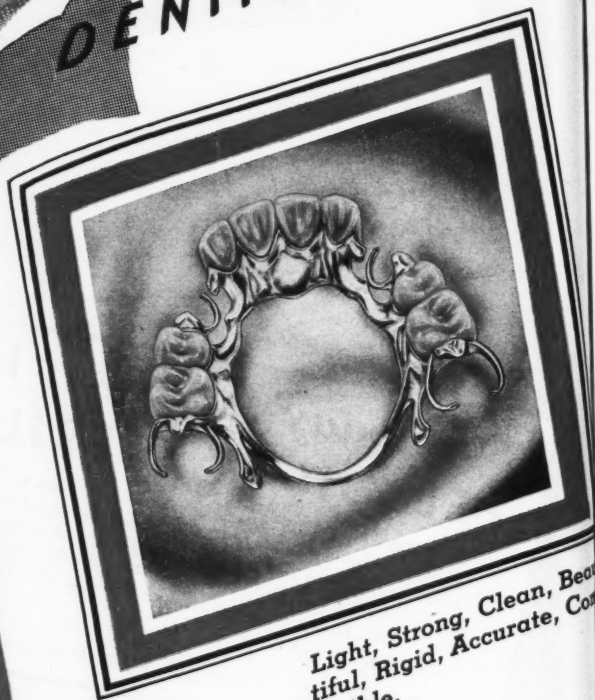
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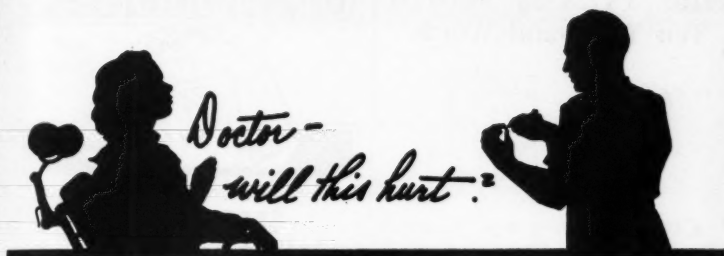
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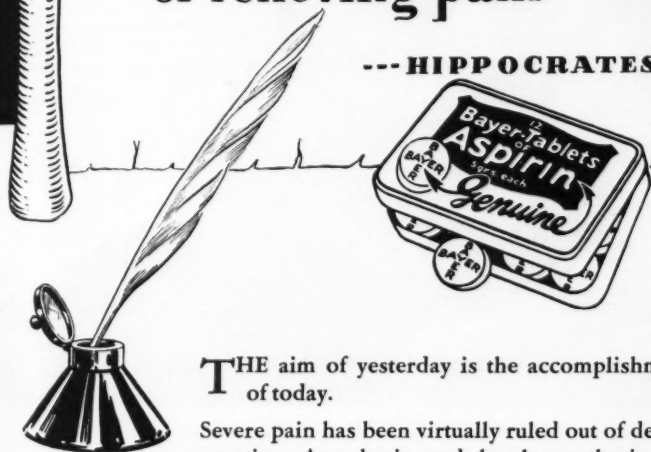


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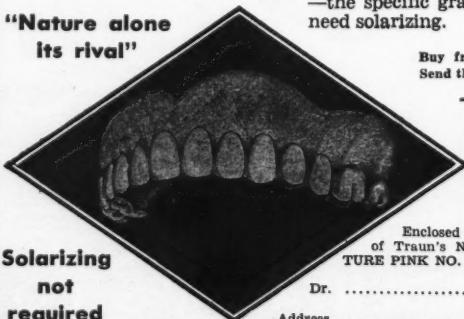
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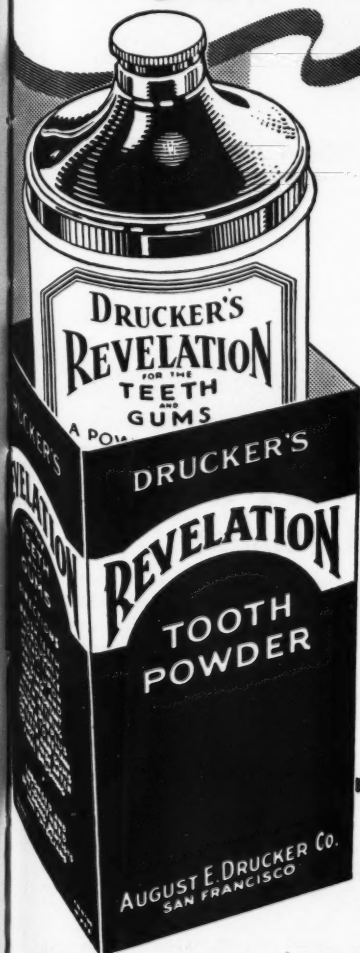
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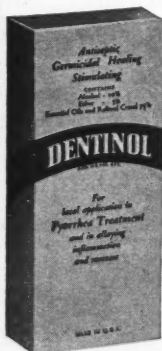
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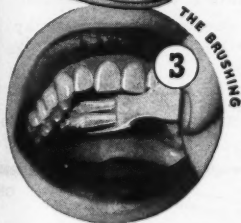
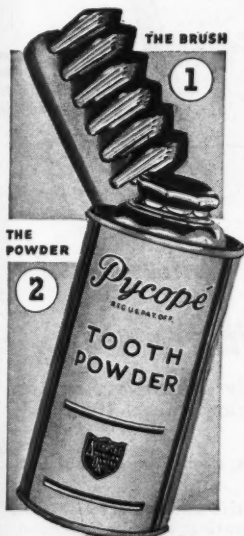
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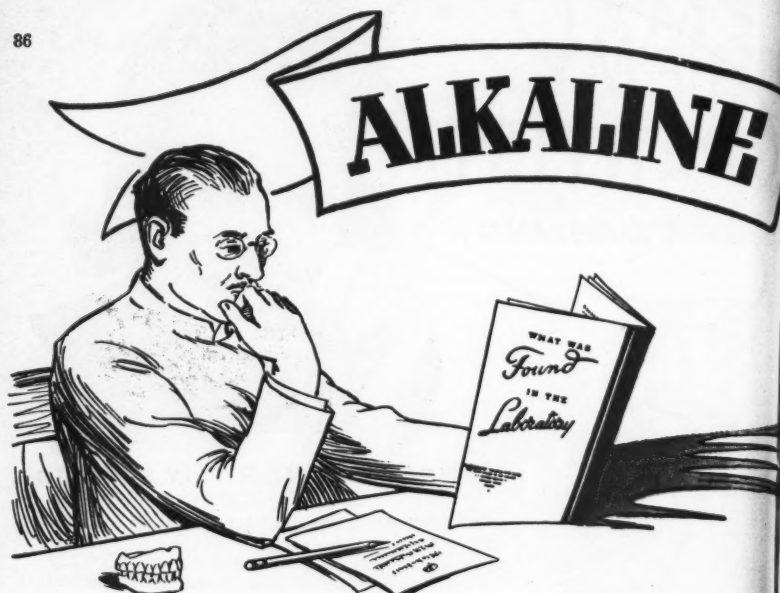
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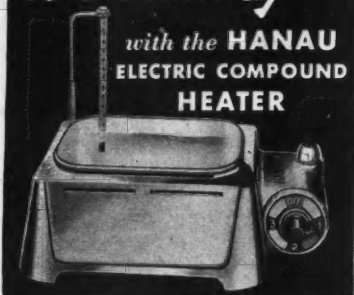
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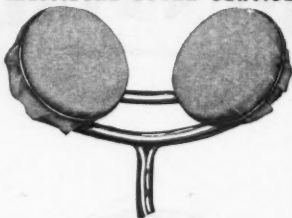
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For



# Another SYNTHETIC PORCELAIN Smile

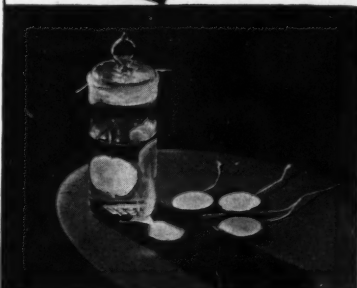


**PERMANENCE**  
*in the mouth*

This attractive girl owes much of her charm to her smile—and her smile owes even more to Synthetic Porcelain restorations! She can smile with confidence, too. Extensive, impartial tests in the Caulk laboratories prove that Synthetic Porcelain is highly resistant to "washing out"—one factor that limits the life of ordinary silicates.

We know that Synthetic Porcelain restorations, properly placed, will *last*—year after year! For your patient's satisfaction and for your own peace of mind, use Synthetic Porcelain!

Discs of various silicates were suspended in sealed beakers of distilled water.



After evaporation, the residue in beakers gave percentage of solubility. Silicate "X" has a solubility of approximately two times and silicate "Y" approximately three times that of Synthetic Porcelain.

For modern materials, call on *Caulk*

# CLOVER LEAF

XX IMPRESSION PLASTER

*for fine detail*

Its texture is extremely fine grained to reproduce the most minute detail.

Its expansion is minimum (.02%) to hold that detail while setting.

Its fracture is clean to permit accurate assembling if breaking is necessary.

Its quality and uniformity are maintained by strict laboratory inspection to make it entirely dependable.



XX IMPRESSION PLASTER

and

SOLUBLE IMPRESSION PLASTER

X STANDARD SET PLASTER

HARD PLASTER

LABORATORY PLASTER

HARDITE

VULCANIZING STONE

CLOVERLAC

H. B. WIGGIN'S SONS COMPANY, BLOOMFIELD, NEW JERSEY

Please send me sample of Clover Leaf XX Impression Plaster

Dr. .... Address .....

City ..... State .....

## COLLECT YOUR OWN ACCOUNTS

*with this FREE system*

Get your copy of this unique collection system now. There is no charge or obligation. You will find it a very effective form of insurance that protects your accounts from losses due to chronic delinquency.

Every dentist should have the DENTISTS' COLLECTION SYSTEM. It provides a simple, ethical collection followup—a service that every dentist will like.

Return the coupon today and put your collection problem on a business-like basis.

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Send me, free of charge, your Dentists' Collection System.

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## CELLANITE

*The Answer to Your Denture Problems*

### TO the DOCTOR

Accurate Reproduction  
Durability—Economy

### TO the PATIENT

Permanent Translucency  
Sanitation—Strength

### TO the TECHNICIAN

Simple Technique  
Repairability

CELLANITE has the properties of straight acrylics and the simple technique of nitro-cellulose bases.

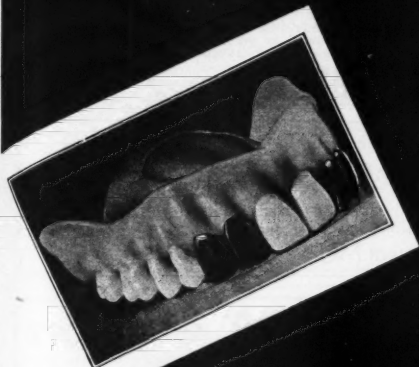
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AVALON CHEMICAL PRODUCTS CO.

6056 South Western Avenue  
Los Angeles, California

*A Quality Denture at Low Cost*

# 2 Masel Products to Make DENTURES DEFY DETECTION



*Masel*  
**VULCANITE  
GOLD TEETH**

*Masel*  
**GOLD  
"GRIP" FACINGS**

Masel Vulcanite Gold Teeth and Gold "Grip" Facings are two marvelous, quality products that help the patient conceal the fact that he is wearing a denture. Patients who are having bridgework replaced with full dentures appreciate your efforts to make their plates look natural. The best way to satisfy your patients in this respect is with Masel Vulcanite Gold Teeth or Masel Gold "Grip" Facings. Try either of these Masel products on your next full denture.

## **Can Be Used with Vulcanite or the Thermo-Plastics**

Ideally adaptable for both types of denture materials. The method of inserting a Masel Gold tooth is exactly the same as that of inserting a porcelain tooth. No extra work in setting up or finishing.

### **PRICES**

The Vulcanite Gold  
Teeth are made of 22K  
gold only.

Vulcanite  
Gold Teeth  
From \$1.50 to \$2.00

Gold  
"Grip" Facings  
18K from 70c to \$1.00  
22K from 95c to \$1.35

*Ask Your Dealer*

**ISAAC MASEL CO.**

(Formerly Masel Dental Laboratory)

1108 Spruce Street • Philadelphia, Pa.



Sample  
Upon  
Request

100

for  
\$100

Postpaid

## Keep Your Patients TOOTH CONSCIOUS

STIM-U-DENTS make for tooth consciousness and point out the need of your services by providing a daily self-examination of the teeth by the user. More and more dentists every day use personally and prescribe STIM-U-DENTS. May we suggest that you, too, KEEP YOUR PATIENTS THINKING OF YOU.

Special Pocket Container (See cut) made at request of numerous dentists. (Not for retail). In ordering, enclose professional card and please give name of your druggist.

**STIM-U-DENTS, Inc.** 54 Alfred St.  
Detroit, Mich.

## ANTIPHLOGISTINE

is indicated in dental congestions for the relief of pain, inflammation and swelling.

The Denver Chemical Mfg. Co., New York

## Call on us for a CAPABLE ASSISTANT



A trained and competent Assistant can mean better service to your patients, greater efficiency and increased income. Let us furnish you with a suitable assistant. Nationwide service, free of charge.

DENTAL ASSISTANTS TRAINING INSTITUTE

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NEW YORK, N. Y.

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Philadelphia, Pa.

## Satisfaction

Doherty's rubber in light and medium light shades has won the reputation of pleasing both dentist and patient. Dentists approve its superior quality, toughness and durability; patients enjoy the perfectly matched gum shades which make their dentures look so natural.

Address correspondence to Dept. B,  
Eugene Doherty Rubber Works, Inc.  
110 Kent Avenue, Brooklyn, N. Y.

**EUGENE DOHERTY'S PINK RUBBERS**



**THE LATEST development of the World's Oldest and Largest Manufacturers of Filling Golds exclusively.**

# A JOY to PACK RIGHT!



● A new conception of the pleasure of working Gold Foil awaits you in "M-H" EXTRA PLIABLE Burnish Gold Cylinders, the latest development of the world's oldest and largest manufacturers of Filling Golds exclusively.

Responding instantly to the plugger, they enter undercuts readily, and stay put without

"balling" or "buckling"—enabling you to work with greater speed and better results.

Restorations made with them are uniformly dense, have greater edge-strength, perfect margins—and a most beautiful finish.

*No other Filling Golds are like them!* Order a bottle today to try. You'll be delighted with their marvelous cohesiveness and perfect softness, the moment you start working them.

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THIS HANDY  
COUPON!**

**MORGAN, HASTINGS & CO.,** Established 1820  
817-21 Filbert Street, Philadelphia, Pa.

Please send, through my dealer, one 1/40-oz. bottle of "M-H" Extra Pliable Burnish Gold Cylinders to try.

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Address.....

Dealer.....

**CHECK HERE** ☐ for a **FREE** copy of a new 20-page booklet on "Essentials of ANNEALING GOLD FOIL."

*Summa*



Novocain and Cobefrin, Registered  
Trademarks, Winthrop Chemical Co., Inc.

NOVOCAIN

*Over 80 million*



# Thinking

... local anesthetics  
...des you to easier,  
...me-saving work

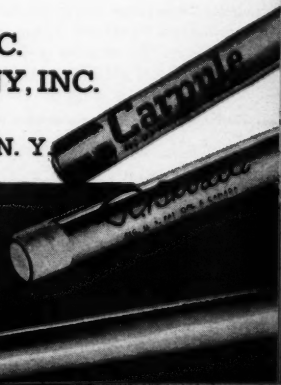
**S**OUND thinking, so well portrayed by Rodin's famous statue, "The Thinker," has enabled thousands of successful dentists to select the local anesthetic solutions that give their patients the comfort which insures the utmost use of operating skill and ability. Many are using Novocain-Cobefrin for the majority of their operations, for all types of patients.

You, too, can profit by Cook or Waite experience—years of it—in the manufacture of local anesthetic solutions that represent the standards of modern dentistry—experience that has developed the modern local anesthetic solution, Novocain-Cobefrin. Novocain-Cobefrin is sold only under the trademarks, Carpule or R. B. Waite. They are the marks of quality anesthetic solutions, *carefully and scientifically* compounded.

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**THE ANTIDOLOR MFG. COMPANY, INC.**

170 Varick Street, New York, N. Y.

Laboratories: Rensselaer & Springville, N. Y.







Swift and sure as a well-aimed arrow is the action of FREN-ROC... the artificial stone you can depend on for right results, always!

Its fixed, fast setting time... 12 minutes; and the strong, accurate models it consistently produces, are two features that account for its thousands of satisfied users.

FREN-ROC needs no acceleration; sets *hard* with negligible expansion; will not chip or crumble. Its reputation has been built on the fact that it meets every requirement for denture models with absolute dependability.

Now, with a new low price in effect, there's no possible reason for denying yourself the many profitable advantages of...

# *Fren-Roc*

## THE FINER ARTIFICIAL STONE

Available in White or Buff, Packed in Air-tight, Weather-proof Steel Drums. Ask Your Dealer for a Free Sample.

## SAMUEL H. FRENCH & COMPANY

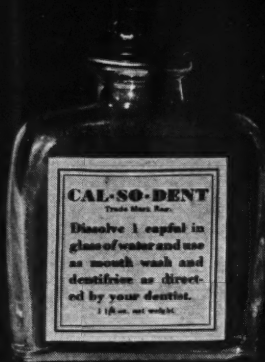
Plaster Manufacturers Since 1844

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OW  
and this new  
active method  
mouth care

# NECESSARY FOR MASSAGE BRUSHING — —



## —a preparation like this

CONTAINS NO ABRASIVES, NO SOAP, NO SODIUM PERBORATE. A capful of Calsodent makes a glassful of solution. Used as a brushing dip, makes massage brushing pleasant; removes debris from brush; "cuts" mucin; indicates and neutralizes mouth acid. Solution also acts as most effective mouthwash.

## —a brush like this

BRUSH HEAD NOT TUFTED, NOT TOO LONG, NOT TOO BROAD, NOT TOO NARROW. Small head with crested brushing surface permits proper application against all gingivae. Spaced tufts penetrate into interproximal spaces. Bristles in Calsodent Brush keep resilience longer because they are base-end cuts of selected Chungking bristles.

2/3

OFF

## SPECIAL PRICE TO DENTISTS ON THIS NEEDED EQUIPMENT

\$3.00 VALUE FOR \$1.00. At less-than-cost, the materials you need for instructing your patients in massage brushing or giving chair-massage treatments. Each Kit contains a 50¢

Calsodent Brush with special Chungking bristles and a bottle of Calsodent that makes 2½ quarts of massage-brushing solution. 5 Kits for \$1.00. At this price, only 30 Kits at a time.

CALSODENT CO., INC., 215 4th Ave., New York City

Please send me: ☐ 5 Kits; ☐ 10 Kits; ☐ 20 Kits; ☐ 30 Kits—at your special price to dentists of 5 Kits for \$1.00. Each Kit is to contain a 50¢ Calsodent Brush and a 10¢ bottle of Calsodent.

☐ Check enclosed

☐ Send C. O. D.

Name..... D.D.S.

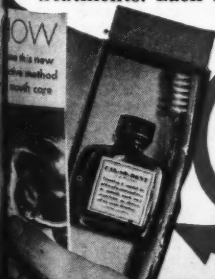
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City..... State.....

OH-1-40

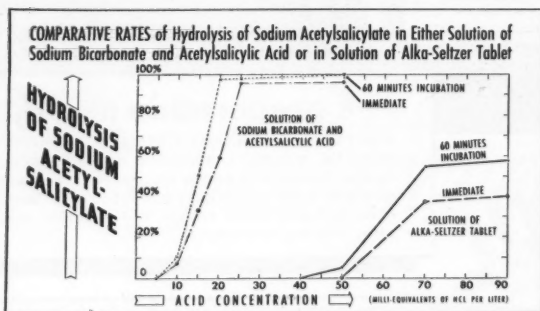
☐ Also send me FREE your manual for dentists on Massage Brushing.

5  
KITS  
\$1.00



## The Buffer Mechanism in Alka-Seltzer

Study of the Comparative Rates of Hydrolysis in Acid Solution of Sodium Acetylsalicylate Prepared by Neutralizing Acetylsalicylic Acid with Sodium Bicarbonate, and of the Sodium Acetylsalicylate in a Solution of Alka-Seltzer



IN ORDER to determine by controlled methods the value of Alka-Seltzer in the relief of minor ailments, an extensive series of bio-chemical and clinical experiments were conducted. In the accompanying graph one phase of this research is illustrated showing that there is a buffer mechanism in the Alka-Seltzer formula which encourages stability in solutions of varying acid concentrations.

A comprehensive illustrated booklet will shortly be available for distribution to physicians, giving in rather detailed form the experimental methods and conclusions of the investigators. A copy of the finished booklet will be sent to interested physicians upon request.

## CONCLUSIONS

1. The rate of hydrolysis of sodium acetylsalicylate in a solution of Alka-Seltzer to which hydrochloric acid had been added is at most not more than one-fifth of that found for this salt prepared from an excess of sodium bicarbonate added to acetylsalicylic acid;
2. Experimental results indicate that Alka-Seltzer in solution contains an efficient buffer mechanism capable of protecting the sodium acetylsalicylate against hydrolysis by hydrochloric acid within a wide range of concentration;
3. Experimental findings indicate that the end products resulting from dissolving an Alka-Seltzer tablet in water are sodium acetylsalicylate and sodium citrate and that the latter serves as an efficient buffer against hydrolysis.

**MILES LABORATORIES, INC.**  
OFFICES AND LABORATORIES: ELKHART, INDIANA

# THIS COMPOUND IS COMFORTABLE...



**comfortable** for the patient because it is used at only 125° F.

**efficient** for the doctor because Mizzy Low Heat Compound was developed to have all the features required of the ideal accurate impression material.

**convenient** because it trims sharply without flaking, fractures cleanly, chills easily.



★ 125° F

STOP SIGNAL  
FOR COMFORT

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## MIZZY LOW HEAT COMPOUND

# The EVIDENCE IS IN



\*Silvodont is the only  
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preparation that sets  
hard enough to make  
a real foundation un-  
der amalgam or inlay.\*

\*I like Silvodont be-  
cause it can be plac-  
ed in direct apposi-  
'tion with the vital  
pulp...and doesn't  
discolor enamel!\*



Silvodont has been in constant use for 15  
years by thousands of dentists all over the  
world... whose practice has consumed  
over 350,000 packages. This is PROOF,  
we believe, that Silvodont meets a de-  
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the market.

**SEND COUPON FOR FREE  
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You may send me a copy of your  
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oxy-eugenol silver cement.

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## Dr. Butler BLACK BRISTLE BRUSH



The black bristle in  
these new brushes, in  
our opinion, is the  
toughest and strongest  
we have found for  
several years.

So that you can  
compare it with our  
regular bristle, we offer  
you two brushes for  
only 40c (covers cost of  
packing and shipping  
only). We suggest you  
check a hard or extra-  
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a hard or extra-hard un-  
bleached or bleached,  
so that you can make  
a comparison for your-  
self.

MAIL  
COUPON  
TODAY

JOHN O. BUTLER CO. OH-40  
7359 Cottage Grove Ave., Chicago, Ill.

I enclose 40c for two brushes:  
Stamps or coin only—no checks.

- |   |   |
|---|---|
| <input type="checkbox"/> Hard Black           | <input type="checkbox"/> Med. Bleached      |
| <input type="checkbox"/> Extra-hard Black     | <input type="checkbox"/> Hard Bleached      |
| <input type="checkbox"/> Hard Unbleached      | <input type="checkbox"/> Extra-hard Bl'ch'd |
| <input type="checkbox"/> Extra-hard Unbl'ch'd | <input type="checkbox"/> Junior (Child's)   |

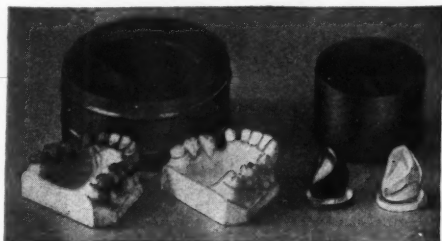
Dr. ....

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City & State .....

# KOROGEL

for any number of exact  
 Duplicates from one Model  
 —all at one time, or a week,  
 a month or a year apart.



*When the mold has congealed, the original model is removed from the Korogel and duplicates can be poured immediately. Or the mold can be stored indefinitely for future use.*

Korogel is a modern molding jelly with which any number of duplicates can be made from an original model—and the molds of which can be stored for months for future use.

Korogel is very firm yet elastic. It will not tear even when removing the most difficult models. It is not affected by moisture or changes in temperature and will not lose sharpness of detail even after continued use.

The technic for the use of Ko-

rogel is extremely simple and no special or expensive equipment is called for. It is reasonably priced, \$1.00 per pound, and can be remelted and used over and over again.

Korogel is manufactured by the B. F. Goodrich Rubber Company and distributed to the dental trade exclusively by Buffalo Dental. An illustrated folder outlining the complete technic will be sent you on request.

*Buffalo Dental*  
 MANUFACTURING CO., BUFFALO, N. Y., U. S. A.



*Powerful* AND  
FREE FROM UNDESIRABLE REACTIONS

The antiseptic action of Metaphen is widely appreciated. However, Metaphen's usefulness in dentistry is equally due to another feature: Its freedom from undesirable reactions. It is relatively nonirritating and nontoxic. It does not harm silicate, gold or amalgam fillings or dental appliances. Metaphen does not react with the lime salts of the teeth nor stain the soft oral tissues. And unlike many widely used antiseptics, it does not precipitate and cause coagulation in the presence of blood serum.

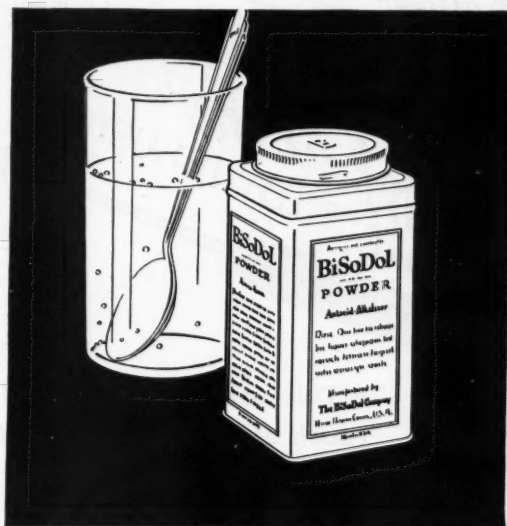
These factors have made Metaphen the antiseptic of choice with thousands of dentists for routine use in operative dentistry and for the many instances in which an efficient, dependable mouth rinse is required. It is widely used for topical application in the treatment of Vincent's angina, gingivitis and similar periodontal infections. Metaphen is supplied for dental use in three forms: Metaphen 1:2500, Metaphen Solution 1:500 and Tincture Metaphen 1:200, the latter in both Tinted and Untinted forms.

*Metaphen*

(4-NITRO-ANHYDRO-HYDROXY-MERCURY-ORTHO-CRESOL, ABBOTT)

ABBOTT LABORATORIES • NORTH CHICAGO, ILLINOIS





# BiSoDoL

*helps relieve*

GASTRIC HYPERACIDITY *and* DIGESTIVE  
UPSETS *due to* EXCESS STOMACH ACID.  
BiSoDoL Mints in convenient tablet form.

*Samples Free to the Dental Profession on Request*

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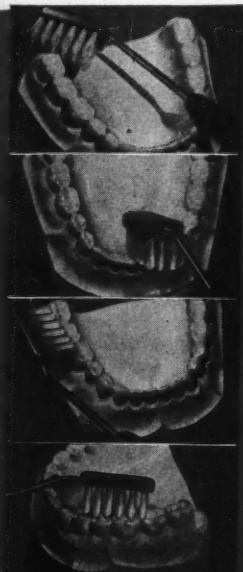
*Look at your Dental Mirror*

It's bent that way to help you examine your patients' teeth more easily. It wouldn't be so useful if it were straight.

*Now look at the*  
**SQUIBB ANGLE TOOTHBRUSH**

It's bent at the "mouth mirror" angle to help your patients clean their teeth more thoroughly.

- **This new brush makes it easy to reach exposed surfaces of all teeth**



**The Back Molars**—The "Mouth Mirror" angle brings the back molars within easy reach of the brush head.

**Buccal Surfaces**—The thin metal shank makes it easy to brush both the buccal and lingual surfaces of the teeth. Since the brush has three rows of bristles, the lower row reaches the gums—permitting gingival stimulation without trauma.

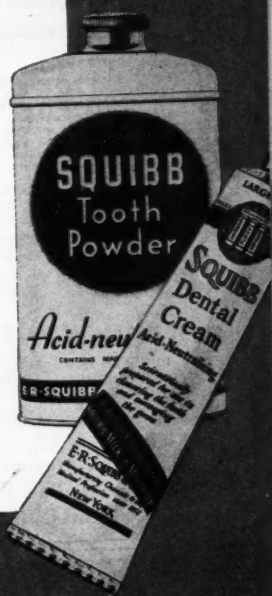
**The Incisors**—The "Mouth Mirror" angle makes easy to brush the lingual surfaces of the incisors.

**Occlusal Surfaces**—The special features of the Squibb Angle Toothbrush make for more efficient brushing of occlusal surfaces. It is simple to keep the cross row bristles in vertical alignment with the interproximal spaces.

Recommend the Squibb Angle Toothbrush. It's a brush you will like to use yourself—a toothbrush you will be pleased to recommend to your patients. *The Forgotten Tooth Becomes the Remembered Tooth with the*

**SQUIBB ANGLE TOOTHBRUSH**

*A Safe, Effective*  
**DENTIFRICE**  
*is Important, too*



When you examine your patients' teeth, do they reflect careful home care? They will if you suggest the use of Squibb Dental Cream and the Squibb Angle Toothbrush. Just as the Squibb Angle Toothbrush makes it easy to reach "hard-to-get-at" places in the mouth, so Squibb Dental Cream does a good job in keeping teeth clean.

Squibb Dental Cream is so enjoyable that patients like to brush their teeth regularly. Its smooth, creamy, pleasant taste brings a feeling of quick refreshment to the mouth. Many smokers find it a pleasant way

of overcoming some of the oral effects of too much smoking.

Squibb Dental Cream has high cleansing and polishing properties—yet it contains no grit or irritating substances—nothing which might injure the teeth or the delicate mucous membranes of the mouth. Its content of milk of magnesia is an aid in neutralizing bacterial mouth acids.

For those who prefer powder, Squibb Tooth Powder possesses the same scientific advantages as Squibb Dental Cream. Recommend these safe, effective dentifrices to your patients.

**SQUIBB DENTAL CREAM**  
**SQUIBB TOOTH POWDER**

**E-R SQUIBB & SONS, NEW YORK**  
 MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

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### NEW SECTIONAL FURNITURE

When a patient opens the door of your reception room, does it look like this? Royalchrome transforms interiors, makes them cheerful and desirable . . . has definite appeal. Handsome, durable and economical, Royalchrome suggests itself as the best buy for the professional office. Send today for interesting catalog in color.

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## FREE SAMPLE . . . make your own tests

Observe the tight gripping quality of Traun's "IDEAL" Rubber Dam—the way it hugs the tooth, moisture-proofing it completely. Test its strength, stretch, resiliency, toughness, and note that Traun's "IDEAL" is velvety smooth, practically odorless, and easy to handle.



Made of genuine fine Para rubber, Traun's "IDEAL" not only performs better but retains its freshness longer. Guaranteed for one year. Send for your free sample. This advertisement and your card will bring them promptly. Price: Medium \$1.50, Thin \$1.10 per full sq. yard, at your dealer.

ATLANTIC RUBBER MFG. CORP., 239 Fourth Ave., New York, N. Y.



APPROVED IN USE  
BY HUNDREDS OF DOCTORS

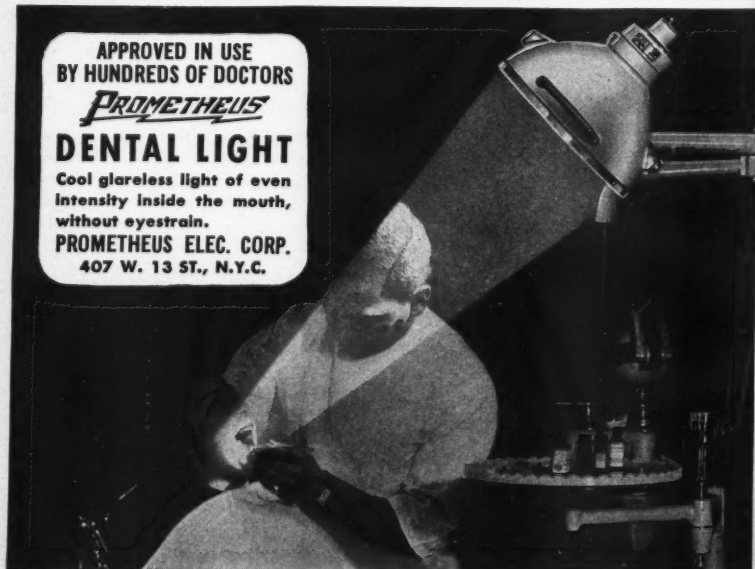
**PROMETHEUS**

## DENTAL LIGHT

Cool glareless light of even  
intensity inside the mouth,  
without eyestrain.

PROMETHEUS ELEC. CORP.

407 W. 13 ST., N.Y.C.





# The A. D. A. Seal of Acceptance

*proves all 3 Pepsodent Dentifrices  
worthy of your confidence and recommendation*

- After carefully appraising all Pepsodent formulas, and critically checking all tests and advertising, the Council on Dental Therapeutics of the American Dental Association awarded their prized "Seal of Acceptance" to "All 3" Pepsodent Dentifrices containing Purified Alkyl Sulphate.\*

*\* Purified Alkyl Sulfate is known  
to the public as IRIUM.*

**THE PEPSODENT CO.**

## America's Most Popular and Dependable Denture Bases



For better moderate priced dentures investigate D-R's. Literature and Technic Chart on Request.

**DENTAL RESEARCH CO., 520 West 9th St., Los Angeles, Calif.**

## D-R DENTURE BASES

### Imitated but Never Equaled

• Due to their popularity, D-R Denture Bases are frequently imitated, but never has an imitation equaled the special denture formula, which is original and exclusive with D-R's. Then too, D-R Denture Bases are properly seasoned by a long term process which assures freedom from warpage and checking. These advantages combined with their consistent uniformity, accurate molding at low pressure, and easy technique, are factors that have won and maintained for them their outstanding popularity.

## DOCTOR:

*Do you use local anesthesia for operative procedures?*

If so, we should appreciate the opportunity of describing a new local anesthetic formula especially designed for operative dentistry. Simply send us this advertisement with your professional card.

**THE ANTIDOLOR MFG. COMPANY, Inc.**  
170 Varlick Street New York, N. Y.

# GARHART SYNTHAY SYMPLEX

SERVES  
3  
PURPOSES

SYNTHAY SYMPLEX is an improved and more enduring semi-translucent cement. It covers three basic requirements better and more economically than any other product. SYNTHAY SYMPLEX is entirely made and packaged in the U. S.  
**COST ONE THIRD LESS!**



## SYNTHAY SYMPLEX

Powder portion (Giant Sizes) **\$2.00 each**  
Liquid Portion **\$1.00 each**  
Assorted Package, 4 powder portions and 2 liquid portions, **\$8.50.**

## GARHART REGULAR CEMENT

Mixed slow or fast—it's always smooth mix. Prompt setting, free flowing, enduring, dense, less heat distress. No lumps, granules, clots or gas. Light, Pearl-ellow-Gray, and Gold Brown.

### GIANT PORTIONS

(1/5 Larger)  
14 Portions **\$10.00**  
6 Portions **\$5.00**  
1 Portion **\$1.00**

- 1 POSTERIOR FILLINGS
- 2 CROWN CEMENTING
- 3 DIE MAKING

SYNTHAY SYMPLEX can be used as an amalgam substitute for POSTERIOR and bicuspid cavities. Restores corners where much tooth-substance must be replaced.

SYNTHAY SYMPLEX can be used for cementing PORCELAIN JACKET CROWNS and metal crowns. Special ceramic shade prevents porcelain jackets from changing shade. No heat-distress is experienced. Sets promptly in the mouth when mixed stiff or thin.

SYNTHAY SYMPLEX can be used to replace amalgam for dies or models. Becomes hard enough to use in 30 minutes. SYNTHAY SYMPLEX sets so hard, its crushing strength is not exceeded by any other similar product. In eight improved standard shades.

## GARHART 25% PURE COPPER CEMENT

Has greater strength and less shrinkage than any other copper cement because of its 25% pure metal copper contents. Potently germicidal. Perfect for filling deciduous teeth.

## You Can Get These GARHART PRODUCTS At Your Dealer

There's a pleasant surprise in store for you when you try these Garhart products. The portions are larger (therefore more economical), the prices and quality are right. Why not order Garhart Synthay Symplex and Cement from your dealer today?

# GARHART

DENTAL SPECIALTY CO.  
KENDALL SQUARE, CAMBRIDGE, MASS.



# LAVORIS

Flushes out bacterial  
flora of the mouth

For a high standard of mouth hygiene



NUM has everything it takes—

- Powerful anesthetic action • Non-narcotic • Non-toxic • Non-irritating • Non-acid • Pleasant smelling • Tasteless • Non-evaporating • Non-corroding.

In the Silver  
and Black Box

Order from your  
dental supply house.

OH 1-40



NUM SPECIALTY CO., 4614 Fifth Ave., Pittsburgh, Pa.

## Save Time . . .

With a

**TORIT**

### MODEL TRIMMER



The water-sprayed grinding wheel  
trims denture models **QUICKLY** and  
**NEATLY**, and with

- NO DUST
- NO CHIPPING
- NO SPLASHING

Spiral grooves in the grinding wheel,  
together with the water spray, carry  
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When you use them, the factor of *instability*, one of the main disadvantages arising from the use of intercusping posteriors, is completely overcome.

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## WHAT DENTISTS SAY . . .

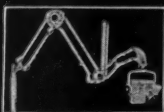
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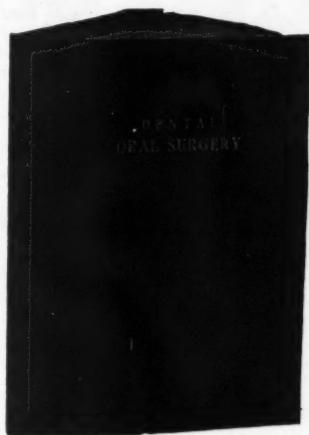
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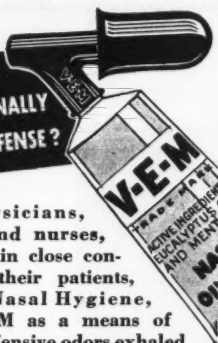


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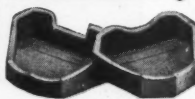
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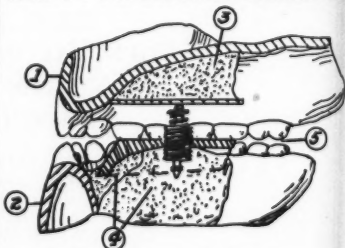
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that is of still greater aid to your patients' health and Dental Nutrition!

**A NEW, IMPROVED OVALTINE!**  
Richer in the elements that contribute to general health and dental nutrition! This is today's important news for dentists.

You are familiar with the value of Ovaltine as the basis of a liquid or semi-liquid diet after extensive operative work . . . to help maintain a patient's energy and strength. You may be familiar with its virtues as an aid to dental nutrition and general health.

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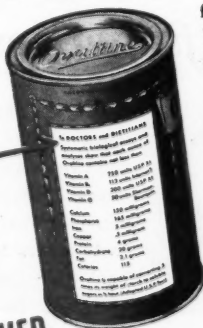
Ovaltine also is richer than ever before in Vitamins A, B<sub>1</sub> and G and Iron—elements vital to good health. And supplies quality proteins and other food properties.

Why not recommend Ovaltine to every patient who asks what foods will best benefit the health of his teeth?

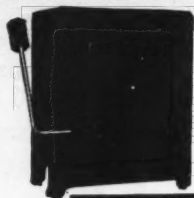
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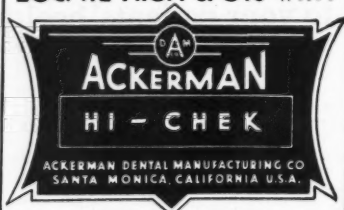
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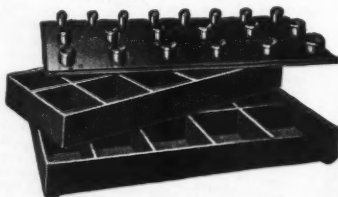
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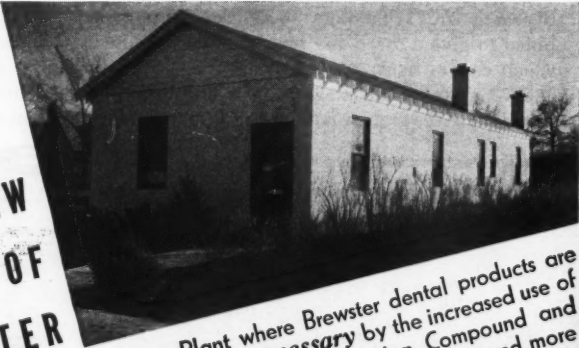
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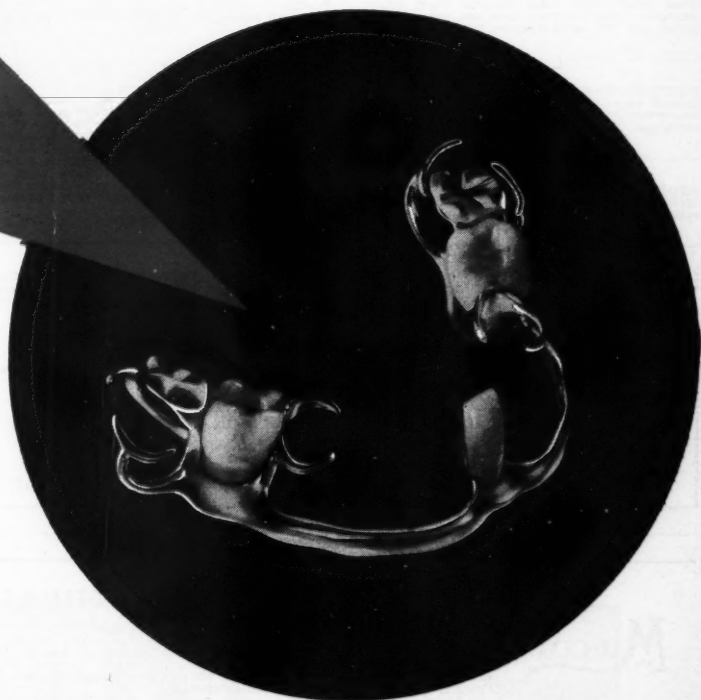
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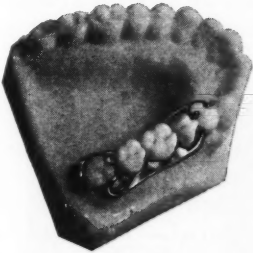
is given by MU-COL because of its cooling, soothing qualities. A distinctly superior saline-alkaline bacteriostatic. MU-COL assists normal granulation and aids in restoring the patient's comfort. It has been recommended and used at the chair by many dentists for over 20 years. An ideal mouth wash and cleanser for dentures. In powder form, MU-COL is quickly soluble and non-deteriorating.

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When you consider patient reaction, working qualities and the highest degree of physical efficiency in the restoration — —

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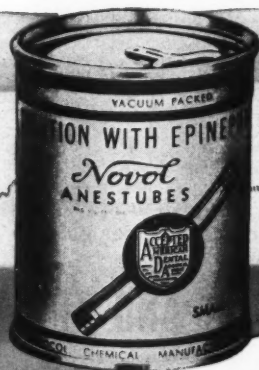
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*The local  
anesthetic  
of choice!*



### **This Chart**

—shows the effect of intravenous injection of procaine into the femoral vein of an anesthetized cat. First procaine was injected, then procaine, and, finally, procaine. The blood pressure rise with procaine was just about equal to that of 1:100,000 procaine shows a sharp drop in blood pressure indicating the vasoconstrictor action of procaine. The vasodilator action of procaine.

# MONOCAINE HCl

## A Vaso-Constrictor in Itself!

Procaine is a vasodilator. This is a serious disadvantage because it causes a fall of blood pressure upon injection. Larger doses of epinephrin must be combined with procaine to obtain satisfactory anesthesia. But even then, when the epinephrin is dissipated, the blood pressure falls below normal. This may account for the "jitters" that some patients experience.

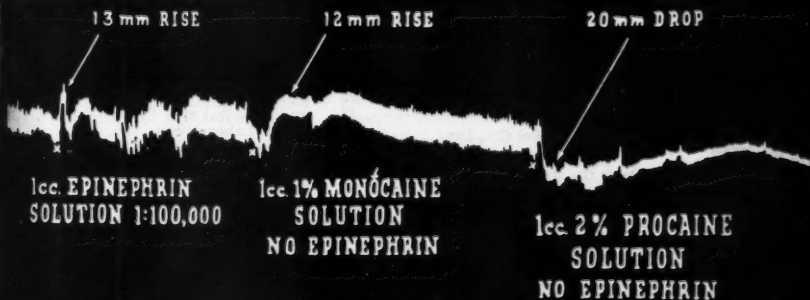
Monocaine is a vasoconstrictor. Smaller concentrations of epinephrin are required to produce satisfactory results. When Monocaine is used there is no fall of blood pressure, even when the epinephrin is dissipated later. This may be the reason for the infrequent untoward reactions and the calmness of patients when Monocaine is injected.

It is easy to prove this (as we have done hundreds of times) by injecting

into the circulation of an anesthetized animal—first epinephrin, then Monocaine—and checking the extent of the blood pressure rise of each drug. When procaine is injected, there is a distinct and considerable fall in blood pressure.

The chart below, a typical kymograph tracing of an injected cat, tells the story plainly. It shows that one cc. epinephrin solution caused a blood pressure rise of 13 mm. One cc. 1% Monocaine solution (no epinephrin) raised the blood pressure 12 mm. One cc. procaine solution (no epinephrin) caused a fall of blood pressure of 20 mm.

This is one of the important advantages of Monocaine over procaine. Clinically, Monocaine has proven its value in more than 12,000,000 injections.



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